

L12000076511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000235851100

06/07/12--01003--007 \*\*155.00

2012 JUN - 7 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

JUN - 8 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Melmo Enterprises, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Margaret M Oleksak**

Name of Person

**Melmo Enterprises, LLC**

Firm/Company

**4 Boston Lane**

Address

**Palm Coast, FL 32137**

City/State and Zip Code

**semod@bellsouth.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Margaret M Oleksak**

**386**

**446 5961**

☐☐☒☐

2012 JUN - 7 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**Melmo Enterprises, LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

4 Boston Lane  
Palm Coast, FL 32137

### Mailing Address:

4 Boston Lane  
Palm Coast, FL 32137

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**Margaret M Oleksak**

Name

**4 Boston Lane**

Florida street address (P.O. Box **NOT** acceptable)


**Palm Coast FL 32137**

City, State, and Zip

2012 JUN -7 AM 10:21  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FILED

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Margaret M Oleksak

4 Boston Lane

Palm Coast, FL 32137

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

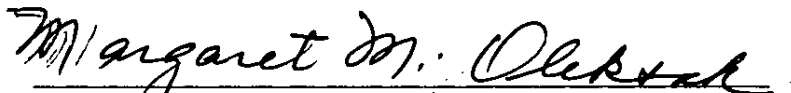
2012 JUN - 7 AM 10:21  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Margaret M Oleksak

Typed or printed name of signer

**Filing Fees:**

✓ \$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

✓ \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)