L12000082351

| (Pa | questor's Name) | |
|-------------------------|-------------------|-----------------|
| (re | questors Marrie) | |
| (Ad | dress) | |
| ` | • | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | + #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| . (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| u. | | |
| | | |
| | | |
| | | |

Office Use Only



600235677086

06/22/12--01001--019 **130.00

MECELY TA 2012 JUN 21 PM 3: 05 SEGRETARY OF STATE ALLAHASSEE. FLORIDA



C. LEWIS

JUN 2 1 2012

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: M. E. Tasty Taco Truck 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: |
| Matthew Paul Melodia Name of Person |
| |
| Firm/Company |
| 806 Hatchett Road |
| 806 Hatchett Road Address |
| Lamont FL, 3236 City/State and Zip Code Che Fmatt 4 You G Yahoo. Com E-mail address: (to be used for future annual report notification) |
| City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Matthew Paul Melodia at (757) 634-7887 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations |

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| M.E. | Tasty | Taco | Truck | LLC. | | | | | |
|------------|--------------|---------------|----------------|---------------|-------------|---------------|-------------|-----------|-----|
| | (Must en | d with the wo | rds "Limited I | Liability Com | any, "L.L.C | .," or "LLC." |) | | |
| | II - Addre | | | | | | | | |
| The mailin | g address an | d street ac | idress of th | ie principa | l office of | the Limite | ed Liabilit | y Company | is: |

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Mailing Address: |
|------------------|
| 306 Hatchett RD |
| Lament FL 32336 |
| |

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.)

| Matthew Paul Melodia | 10 10 10 10 10 10 10 10 | - |
|--|--------------------------------|---|
| 206 Hatcheft Road | N 21 6 | |
| Florida street address (P.O. Box NOT acceptable) Lamon + Fl 32336 City, State, and Zip | M F 19 | |

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)

FILED 12 JUN 21 MM 4:19 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **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.)

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)