(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Division of C		C				
SUBJECT:		ted Liability Compa	iny			
The enclosed Articles	of Organization and fee(s) are	submitted for filing				
	spondence concerning this mate Vishnia	ter to the following:	:			
		Name of Person				
86MER	RIDIAN, LLC			Ĩ	\$0; ☆	
- 	· · · · · · · · · · · · · · · · · · ·	Firm/Company			- E	T
1951 N	Meridian #86	3			H-13	15 ME
		Address	· · · ·			2
Tallaha	ssee, FL 323	03			12 NOV 13 PH 12: 41	-
86Merid	ian@gmail.com	ty/State and Zip Code	;			7
901110110	E-mail address: (to be used	for future annual repo	ort notification)		
For further information	n concerning this matter, please	e call:				
David Wishnia		at 850	509-	6149		
Nam	Area Code	& Daytime Te	elephone Number			
Enclosed is a check	for the following amount:					
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional copy	ру	Certified C	of Status &	
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addre on Section of Corporation uilding cutive Center ee, FL 32301	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "Limite	d 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:	Mailing Address:
951 N Meridian Rd #86	1951 N Meridian Rd #86
allahassee, FL 32303	Tallahassee, FL 32303
	2 7 7
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual of another with the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address o	f the registered agent are: Name
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of David Wishnia 1951 N Meridian Rd #86	f the registered agent are: Name

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)

Page 1 of 2

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

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

MGRM	Bernard Wishnia	
	1951 N Meridian Rd #86	
	Tallahassee, FL 32303	
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(Use attachment if necessary)		3
(Osc attachment if necessary)	Ţ.	
LE V: Effective date, if other than the d	ate of filing: (OPT	TONAL)
	pe specific and cannot be more than five b	usiness
or 90 days after the date of filing.)		

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.)

David Wishnia
Typed or printed name of signee

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)