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Office Use Only

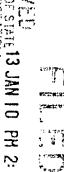


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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

SECRETARY OF STATE



JAN 1 0 2013 J. BRYAN

# COVER LETTER .

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: MELERDY'S PRESSURE WASHING SERVICES LIC 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:  |
| CRAIG B. MELEROY  Name of Person   |
| ASSE AND THE PROPERTY OF THE P |
| Firm/Company   |
| 1665 ASPALAGA RD. QUINCY, FL. 32351  |
| City/State and Zip Code  |
| City/State and Zip Code  MELERCY CRAIG A VAHCO. COM  E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| SUZANNE MELEROY at (850) 743-9259  Name of Person Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| □\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)   |

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is  MELEPON S PRESSIRE WA  (Must end with the words "Limited Liab  |  |  |
|--|--|--|
| ARTICLE II - Address: The mailing address and street address of the part of th | principal office of the Limited Liabili  | ity Company is:                                      |
| Principal Office Address:  | Mailing Address:   | ٠.,  |
| PUNCA, FL 32351  | SAME   |  |
| City, S  | e registered agent are:  CEROY  De Co. QUINCH, FL. 3235/ Eddress (P.O. Box NOT acceptable)  FL  State, and Zip   | or another  13 JAN 10 PH 2: 10                       |
| Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this cape all statutes relating to the proper and compland accept the obligations of my position as in the cape and accept the obligations.   | n this certificate, I hereby accept the apacity. I further agree to comply with the lete performance of my duties, and I and I are the performance of my duties, and I are the performance of my duties. | ppointment as<br>he provisions of<br>n familiar with |
| Come M= Hers Registered Agent's Sign   | ature (REQUIRED)   |  |

Page 1 of 2

(CONTINUED).

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

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

| merm   |                  | CRAIG B. MELERCY 1665 ASPALAGA RD. QUINCY, FL. 32351   |                      |
|--|------------------|--|----------------------|
| · ·  |                  |  | SECRE                |
|  |                  | ,  | MASSIE FLO           |
|  |                  |  | RATE C               |
| (Use attachment if ne  | cessary)         |  |                      |
| CLE V: Effective date effective date is listed to or 90 days after the | l, the date must | date of filing: (Compared to the control of | OPTIONA<br>e busines |
|  |                  |  |                      |

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.)

CRAIC MELECOY

Typed or wrinted 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)