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(850) 245-6051. TO: Registration Section **Division of Corporations** Meltzer and Meksraitis

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: Jenniter Meksraitis
Name of Person Meltzer and Meksraitis LLC 2942 West Columbus Drive Suite 108 Tampa FL 33607
City/State and Zip Code Mel Sraitis @ yahoo. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Jennifer Meksraitis at (813) 300 - 6646

Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

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The name and the F	lorida street a	ddress	of the reg	istered aş	gent are:				
		fer	Mek	srait	<u>is</u>				
	2942	ω .	Name . Colui	nbus	Dr.	Suite	2108		
			street addre						
	Tam	Pa	Ī	FI.	360	7			
		 -	City, State,	and Zip					
Having been name liability company registered agent a all statutes relation and accept the object.	ry at the place and agree to ac ng to the prop	designa ct in this er and c	ated in this s capacity complete p	s certifica . I furthe performa	ite, I here r agree t ace of my	eby accept to comply well to duties, ar	the appo with the p nd I am fo	ointme provis amilia	ent as cions of ar with
	Registere	ed gent	's Signature	REQUIR	EED)		De co	13	
		(CC	ONTINU	ED)				APR 23	Parama Pa
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ARTICLE IV-	Manageris) or Managing	Member(s):
WILLIAM 14.	MIGHIARCIA	/ VI MIANAZINE	141CHIDCI (2).

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
. MGRM	Cory Meltzer 4000 N. Federal Hwy Suite 202 Boca Raton, FL 33431
MGRM	Jennifer Meksraitis 2942 W. Columbus Dr. Suik 108 Tempa FL 33607
(Use attachment if necessary)	4
ARTICLE V: Effective date, if other than t (If an effective date is listed, the date mu prior to or 90 days after the date of filing.)	ist be specific and cannot be more than five dusiness days
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.)

Tennifer Mekstaitis
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)