*L/3000/59498

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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K. SALY EXAMINER NOV 1 3 2013 (850) 245-6051.

COVER LETTER

TO: Registration : Division of Co			
Matt	Meinrod, LLC	2	
SUBJECT: IVICAL		ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
Matthe	w Meinrod		
		Name of Person	, , , ,
		Firm/Company	
11440	Glenlaurel Oa	ks Cir	
		Address	
Jackso	nville, FL 322	57	
		ty/State and Zip Code	
matt@ma	attmeinrod.com	C. C	
	·	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Matt Meinrod		$_{at}$ 727 $_{0}$ 510-33	
Name	e of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check to	for the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Matt Meinrod, LLC			
(Mus	st end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add	tress:		
		the principal office of the Limited Liability	Company
Principal Office A	ddress:	Mailing Address:	
11440 Glenlaurel Oaks Cir		11440 Glenlauret Oaks Cir	
TITTO GIGINAUIGI CAKS (
Jacksonville, FL 32257 ARTICLE III - Re (The Limited Liability Con	gistered Agent, Regi	Jacksonville, FL 32257 stered Office, & Registered Agent's Signate Registered Agent. You must designate an individual or a	another
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	egistered Agent, Regimpany cannot serve as its own tive Florida registration.)	stered Office, & Registered Agent's Signs	another
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	egistered Agent, Regimpany cannot serve as its own tive Florida registration.)	stered Office, & Registered Agent's Signa n Registered Agent. You must designate an individual or a	another
ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	egistered Agent, Region mpany cannot serve as its own ctive Florida registration.)	stered Office, & Registered Agent's Signa n Registered Agent. You must designate an individual or a	another
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ARTICLE III - Re (The Limited Liability Corbusiness entity with an ac	egistered Agent, Regionpany cannot serve as its own ctive Florida registration.) lorida street address of Matt Meinrod	stered Office, & Registered Agent's Signal Registered Agent. You must designate an individual or a fifthe registered agent are:	another
ARTICLE III - Re (The Limited Liability Corbusiness entity with an action of the name and the F	egistered Agent, Regionpany cannot serve as its own ctive Florida registration.) lorida street address of Matt Meinrod	stered Office, & Registered Agent's Signal Registered Agent. You must designate an individual or a fithe registered agent are: Name	

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:

MGR		Matt Meinrod
		11440 Gienlaurel Oaks Cir
		Jacksonville, FL 32257
	(
 		
(Use attachment	if necessary)	
LEV: Effective	date if other than the	e date of filing: (OPTIONA
effective date is l	isted, the date must	t be specific and cannot be more than five busine
or 90 days after	the date of filing.)	

(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.)

Matthew A. Meinrod

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)