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2014 JAN -2 PN 4: 42 SELIE TARKE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Meligon Cooperation, LLC. 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:
Meison Cosmicus Casanueva Name of Person
Meligon Cosmueva LLC
Firm/Company
UMLIA Indigo Benting Pl. Address
Lahluxood harch, FL 34202 City/State and Zip Code
Mhrogyta gmail. Com Elmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meliosa Cabarola at (941) 204-3719 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must end with the words "Limited 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:			
Later Julian Brating Pl. Later Julian Brating Pl. Later Julian Brating Pl. Later D. Julian Brating P			
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 individuanther business entity with an active Florida registration.)	ual or		
The name and the Florida street address of the registered agent are:		2014	
Meliosa Coscovera		JAN.	
Florida street address (P.O. Box NOT acceptable)	SSET	-2 PM	
Lakewood horch FL 34202 City Zip	ELORES Elores El	4 4: 42	
Having have named as registered agent and to accent service of process for the above stated limited lightly	J:>		

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	Title:	Name and Addmess
	"AMBR" = Authorized Member "MGR" = Manager	Name and Address: Nellogo Coponievo Lawred Traleo Parring PT Lawred Fonchild 24200
	 	
(If an ei		f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after
(If an ei the date	LEV: Effective date, if other than the date of fective date is listed, the date must be speci	ific and cannot be more than five business days prior to or 90 days after
(If an ei the date	LE V: Effective date, if other than the date of fective date is listed, the date must be speci of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	

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)