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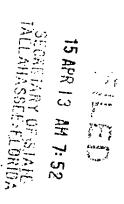
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PICK-UP	WAIT	MAIL MAIL
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(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
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J. Shivers APR 2 3 707

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Melissa & Starlings Performed Liability Co.	rming Arts and Tutoring
The enclosed Articles of Organization and fee(s) are submitted for fi	ing.
Please return all correspondence concerning this matter to the follow	ing:
Malinda Starli Name of Person	ng
Melissa & Starling's Performany	rming Arts and Tutorina
929 SW, 11th Text	race
Delray Beach, FL 3	3444 Code,
Malinda Starling Datter E-mail address: (to be used for future armua	l report notification)
For further information concerning this matter, please call:	
Malinda Starling at (56) Area Code	SI-5734 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Certified Copy (additional copy)	Ov Certificate of Status &
	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:			
Melissa & Starling Performing Arts and Tutoring (Must end with the words "Limited Liabilly Company, "L.L.C.," or "LLC.")	المال	<u>,</u> C,	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
Malinda Starling Malinda Starling 122 S.W. Ilm Terroce Delray Bach, FL 33444 Delray Bach, FL 33444			
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 another business entity with an active Florida registration.)	individi	ual or	
The name and the Florida street address of the registered agent are:			
Melissa Williams			
Name.			
Florida street address (P.O. Box NOT acceptable)			
Delray Booch, FL 33444			
Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and confirm of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S.	agree to mplete p	act in to perform	his ance
Meliss Williams	SECRET ALLARD	15 APR	' `
Registered Agent's Signature (REQUIRED)	\$\$ \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.50 \$3.	သ	1.49c
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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Malinda Statling
- ICREIV	Las Silli Torrace
M/R	De tray seach it 33444
1,61	Molissa Williams
	Delray Reach, FC33444
(The ottock want if account)	· · · · · · · · · · · · · · · · · · ·
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E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature o	be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the economic of th	f a member or an authorized regresentative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
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