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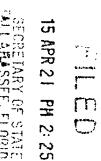
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## **COVER LETTER**

TO:

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Morelli, Nelson &amp; Thomas L.L.C.</u> Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Frank John Morelli	Name of Person	
		Name of Person	
	Morelli, Nelson & Thomas, L.L.C.		
		Firm/Company	
	2719 hollywood Blvd		
		Address	
	Hollywood, FL 33020	City/State and Zip Code	
Fr	ank@lawMNT.com	,	
	E-mail address: (to be use	d for future annual report notific	ation)
For fur	ther information concerning this matter, ple	ase call:	
<u>Frank</u>	John Morelli at (at (	908 ) 295-9876 Area Code Daytime Te	lephone Number
	. (4 0 0	And Code Dayanie 10	reprode realises
Enclose	ed is a check for the following amount:		
\$125.0	0 Filing Fee  \$\overline{\mathbb{Z}\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copyright (additional copyright)
	Mailing Address	Street/Courier Add	
	Registration Section Division of Corporations	Registration Section Division of Corpora	tions Si N C
	P.O. Box 6327	Clifton Building	P. 25
	Tallahassee, FL 32314	2661 Executive Cen	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Morelli, Nelson & Thomas L.L.C.				
	Liability Company, "L.L.C.," or "LLC."	')		
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is	<b>s</b> :		
Principal Office Address:	Mailing Address:			
2719 Hollywood Blvd	2719 Hollywood Blvd			
Hollywood, FL 33020	Hollywood, FL 33020			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration.)  The name and the Florida street address of the registered as	Registered Agent. You must designate a	n individ	ual or	
Frank John Morelli				
Name				
915 Cindy Circle Ln				
Florida street address (P.O. Box )	NOT acceptable)			
Wellington	FL 33414			
City	Zip			
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapte	the appointment as registered agent and fall statutes relating to the proper and cations of my position as registered agent 605, F.S.	agree to omplete p	act in perfori	this nance
(CONTINUE	D)	20		
Page I of 2	,	LARASSE	5 APR 21	

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Frank John Morelli
	915 Cindy Circle Ln
	Wellington, FL 33414
AMBR	Simone Fareeda Nelson
	1861 NW 107th Terrace
	Plantation, FL 33322
AMBR	James Clayton Thomas
	2816 Waterford Dr. S.
	Deerfield Beach, FL 33442
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
E V: Effective date, if other than the ective date is listed, the date must be	date of filing:
(Use attachment if necessary)  E V: Effective date, if other than the extive date is listed, the date must be of filing.)  E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the extive date is listed, the date must be filing.)  E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the ective date is listed, the date must be filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in	date of filing:
E V: Effective date, if other than the ective date is listed, the date must be filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for the section constitutes at the section const	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
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