L/5000/88524

(Re	questor's Name)	.,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600278225546

11/02/15--01038--017 **160.00

SEURIDARY OF STATE SEVEN OF STATE OF SOMEORATIONS

EFFECTIVE DATE 0/01/16

× 11/09/15

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CorMeli 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:
Cortney Daniels Name of Person
Firm/Company
139 Sparrow Drive #1A Address
<u> </u>
Rayal Palm Beach, FL 33411 City/State and Zip Code
<u>Chaniels wpb@gmail.com</u>
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cortney Daniels at (561) 541 4522 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$\$155.00 Filing Fee & \text{Certificate of Status}\$\$\$(additional copy is enclosed)\$\$\$(additional copy is enclosed)\$\$\$\$(additional copy is enclosed)\$\$\$\$
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing 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:
139 Sparray Dr. 1A	Same
Rayal Palm Beach, FL 33411	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. Yanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Cortney Daniels	16
120 Same > De	.#1.A
Florida street address (P.O. Box NOT a	accentable)
riorida siteet address (r.o. Box Nor a	Ceeptable)
Koyal Palm Keach, FL	<u> 334 11</u>
City State	Zip

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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

15 NOV -2 AH II: 50

SECRETARY OF STATE

Title: "AMBR" = "MGR" = N	Authorized Member	Cortney Daniels 139 Sparrow Dr. 419	
_AMB	sR	Melina Daniels 139 Sparrow Dr. #1A Royal Palm Beach, FL 33411	
(Use attachi	ment if necessary)		
If an effective date i the date of filing.) Note: If the date ins	•	c and cannot be more than five business days prior to or 90 detection the applicable statutory filing requirements, this date will not be	
ARTICLE VI: Other	provisions, if any.		
REOUIRE	D SIGNATURE:	* Paniels	
	Signature of a member This document is executed in I am aware that any false info	or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b), Flo	
	<u>Cortney</u>	ped or printed name of signee	
		\$1915 \$1	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)