

(Re	equestor's Name)	·
(Ad	ldress)	
(Δα	ldress)	
(//0	iuless)	
(Cit	ty/State/Zip/Phone	e #)
	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(	,	
(D-		
(DC	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Eilina Officer	
Special instructions to	riling Officer.	
1		

Office Use Only



200281561962

02/01/16--01001--003 \*\*155.00

16 JAN 29 PM 3: 08

16 JAN 29 PH 4: 27

JAN 29 2016 T SCHROEDER

C	ORPORATE	When you need ACCESS to the world						
	ACCESS,							
	INC.	236 East 6th Avenue. Tallahassee, Florida 32303  P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666						
WALK IN								
		PICK UP: 1/29						
X	CERTIFIE	D COPY						
	РНОТОСО	OPY						
	cus							
X	FILING							
	J. MEZ (CORPORATE NAI	ZO LLC me and document #)						
	(CORPORATE NAI	ME AND DOCUMENT #)						
	(CORPORATE NA	ME AND DOCUMENT #)						
	(CORPORATE NAI	ME AND DOCUMENT #)						
	(CORPORATE NAI	ME AND DOCUMENT #)						
	(CORPORATE NAI	ME AND DOCUMENT #)						

1.

2.

3.

4.

**5**.

6.

# ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I.

The name of the Limited Liability Company is:

# J. MEZO LLC

#### ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

811 N 32<sup>ND</sup> AVE

HOLLYWOOD FL 33021

The mailing address of the Limited Liability Company is:

811 N 32<sup>ND</sup> AVE

HOLLYWOOD FL 33021

#### ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

## ARTICLE IV.

The name and the Florida street address of the registered agent are:

MEZO, JOZSEF

811 N 32<sup>ND</sup> AVE

HOLLYWOOD FL 33021

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.

Helas		
Registered Agent's Signature	Date:	

## **ARTICLE V.**

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

MEZO, JOZSEF

811 N 32<sup>ND</sup> AVE

HOLLYWOOD FL 33021

In accordance with section 605.0203 (1) (b), 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.

Signature of a member or an authorized rep	resentative of a member.	_
Josef Mezo		
Typed or printed name of signee	Date	