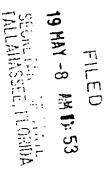
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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Business Entity Name)			
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Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			



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## COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	JECT: Mellssa Donia, L.L.C.  Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please re	se return all correspondence concerning this matter to the following:		
	Melissa Donia Name of Person		
	Melissa Donia, L.L.C.		
	218 Sims CNCK Drive		
	Tighter, Florida, 3348  City/State and Zip Code  Melissa @ Melissadonia.com  E-mail address: (to be used for future annual report notification	n)	
For furthe	orther information concerning this matter, please call:		
ı	Melosa Donia at 561 373300  Name of Person Area Code Daytime Telephone I	07 Number	
Enclose	losed is a check for the following amount:		
\$125.00	5.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy} \text{ (additional copy is enclosed)}	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Melissa Donia				
(Must contain the words "Limited Liability Co	ompany, "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:			
218 Sims Creek Drive	218 STIMS CHEK DV.			
33438	334B			
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 individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Louis G. Harrley Harrley ASSOC., LLC.  Name  13170 SE Flamingo Drive  Florida street address (P.O. Box NOT acceptable)  Hobe Sound FL 33455  City State Zip				
Having been named us registered agent and to accept service of procesolace designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registere Registered Agent	registered agent and agree to act in this capacity I			

(CONTINUED)

The name and address of each person authorize	ed to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AIN BR	Melissa Donia  218 Sims Criek Drive  Juditer FL 33408
<u>mgr</u>	Melissa Donia 218 Sins Chek Dr. Jupiler FL 33458
(Use attachment if necessary)	
the date of fitting.)	and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	9 MAY
REQUIRED SIGNATURE:	eluxo Arria, 25
I his document is executed in ac I am aware that any false inform constitutes a third degree felony	or an authorized representative of a member. Cocordance with section 605.0203 (1) (b), Florida Statutes. In the Department of State of as provided for in s.817.155, F.S.
	d or printed name of signee

Filing Fees:

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)