

**L21000070937**

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From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
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Email Address: pablo07pablo2007@hotmail.com

**FLORIDA LIMITED LIABILITY CO.  
1056 MELVILLE ROAD LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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FAN: H21000067065 3

**ARTICLES OF ORGANIZATION  
OF  
1056 MELVILLE ROAD LLC**

The undersigned Authorized Representative of a Member, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

**ARTICLE I — NAME**

The name of the limited liability company is 1056 Melville Road LLC (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is:

125 S. State Road 7, Suite 104-120  
Wellington, FL 33414

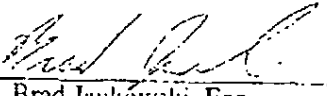
**ARTICLE III - REGISTERED AGENT**

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

Haile, Shaw & Pfaffenberger, P.A.  
660 U.S. Highway One - Third Floor  
North Palm Beach, FL 33408

*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.*

Haile Shaw & Pfaffenberger, P.A.

By:   
Brad Jankowski, Esq.

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FAN: H21000067065 3

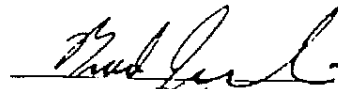
#### ARTICLE IV — MANAGEMENT

The Company will be manager managed, and the managers may, but do not have to be members. The name and address of the initial authorized managers of the Company are:

<u>Title</u>	<u>Name and Address</u>
Manager	Paul David Mendoza 125 S. State Road 7, Suite 104-120 Wellington, FL 33414
Manager	Michelle Mendoza 125 S. State Road 7, Suite 104-120 Wellington, FL 33414

Dated: February 17, 2021

#### REQUIRED SIGNATURE

  
\_\_\_\_\_  
Brad Jankowski  
Authorized Representative

(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.)

FAN: H21000067065 3