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SECHETION OF STATE
ALLAHASSEE, FLORDA

O O'KEEFE
JUN 12 2021

COVER LETTER

	New Filing Sec Division of Co					
SUBJEC	Melody Ar	in III LLC				
30bJi.e	··	Nar	ne of Limited	l Liabilit	y Company	
The enclo	sed Articles of	Organization and	fee(s) are sub	omitted f	or filing.	
Please ret	urn all correspo	ondence concerning	g this matter	to the foi	lowing:	
	John P. Flan	agan, Jr.				
			N	lame of F	erson	
	Attorney at 1	_aw				
			F	irm/Con	npany	
	710 Oakfield	Drive, Suite 101				
				Addre	SS	
	Brandon, FL	33511				
			City/S	- State and	Zip Code	
	patflan@veriz		be used for	 future an	nual report notificati	on)
For further		ncerning this matt			·	,
	John P. Flana	igan, Jr.	813	,	681-5587	
	Nam	e of Person	at (Area () Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amou	ınt:			
₩\$125.0	0 Filing Fee	□\$130.00 Filin Certificate of S	tatus	Certifie	00 Filing Fee & d Copy copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

Melody Ann III LLC			<u> </u>
(Must con	tain the words "Limited Lia	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal offic	ice of the Limited	Liability Company is:
Princi	oal Office Address:		Mailing Address:
2305 SW 56th Stree	<u> </u>	230:	SW 56th Street
The Limited Liability Compan	ent, Registered Office, & y cannot serve as its own R	Registered Agent.	nt's Signature: You must designate an individual
ARTICLE III - Registered Ag	gent, Registered Office, & y cannot serve as its own Reactive Florida registration, address of the registered a	Registered Agent. V	it's Signature:
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	gent, Registered Office, & y cannot serve as its own Reactive Florida registration, address of the registered a John P. Flanagan, Jr.	Registered Ager egistered Agent. ' .)	it's Signature:
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	gent, Registered Office, & y cannot serve as its own Reactive Florida registration, address of the registered a John P. Flanagan, Jr.	Registered Agent. V	it's Signature:
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	gent, Registered Office, & y cannot serve as its own Reactive Florida registration. address of the registered as John P. Flanagan, Jr. 710 Oakfield Drive, Su	Registered Agent. Value are: Name Lite 101	nt's Signature: You must designate an individual
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	gent, Registered Office, & y cannot serve as its own Reactive Florida registration, address of the registered at John P. Flanagan, Jr.	Registered Agent. Value are: Name Lite 101	nt's Signature: You must designate an individual
ARTICLE III - Registered Ag The Limited Liability Companion ther business entity with an	gent, Registered Office, & y cannot serve as its own Reactive Florida registration. address of the registered as John P. Flanagan, Jr. 710 Oakfield Drive, Su	Registered Agent. Value are: Name Lite 101	nt's Signature: You must designate an individual

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)

21 JUN -2 PH 12: 43
Second Pay De Ph 12: 43

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager Melody A. Maxim AMBR _____ 2305 SW 56th Street Lawton, OK 73505 (Use attachment if necessary) __. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing:____ (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any talse information submitted in a document to the Department of State

Typed 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)

constitutes a third degree felony as provided for in s.817.155, F.S.

S 5.00 Certificate of Status (Optional)

Melody A. Maxim