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COVER LETTER

TO:	New Filing Sec Division of Cor							
SUBJE	Melody An	in 1 LLC						
(CDOI)	· · ·	Name	of Lin	nited Liabil	ity Company			
The enc	losed Articles of	Organization and fe	e(s) are	e submitted	l for filing.			
Please re	eturn all correspo	ondence concerning	this ma	itter to the	following:			
	John P. Flan	agan, Jr.						
				Name of	Person			
	Attorney at I	_aw					. :	2
				Firm/Co	ompany			17.0
	710 Qakfield	I Drive, Suite 101					35 35 35 30 30 30 30 30 30 30 30 30 30 30 30 30	JU! -
				Addı	ress			
	Brandon, FL	. 33511						<u>:</u>
			C	ity/State ar	id Zip Code	-17.		-
	patflan@veriz							
	I	E-mail address: (to b	e used	for future a	annual report notificati	on)		
For furthe	er information co	ncerning this matter	, pleaso	e call:				
	John P. Flana	ıgan, Jr.	81 _at (3	681-5587 _)	<u></u>		
	Nam	ne of Person	A	rea Code	Daytime Telephon	e Number		
Enclose	d is a check for t	he following amoun	t:					
■\$125	.00 Filing Fee	□\$130.00 Filing Certificate of Sta		Certifi	5.00 Filing Fee & ied Copy is enclosed)	□\$160.00 F Certificate of Certified Co (additional co	of Status & ppy	
		ng Address			Street Address			
		iling Section on of Corporations			New Filing Section Di The Centre of Tallaha			
		lox 6327			2415 N. Monroe Stre			

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Melody Ann I LL					
(Must c	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and stree	et address of the principal o	ffice of the Limited	Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
2305 SW 56th Str	reet	2305	2305 SW 56th Street		
Lawton, OK 7350)5	Law	ton, OK 73505		
The Limited Liability Comp	any cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual o		
ARTICLE III - Registered. The Limited Liability Companother business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. \on.)	nt's Signature: You must designate an individual (
The Limited Liability Comp mother business entity with	any cannot serve as its own an active Florida registration	Registered Agent. `on.) I agent are:	it's Signature: You must designate an individual o		
The Limited Liability Comp mother business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. \on.)	nt's Signature: You must designate an individual o		
The Limited Liability Comp mother business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. Yon.) I agent are: Name	nt's Signature: You must designate an individual		
The Limited Liability Comp mother business entity with	any cannot serve as its own an active Florida registration eet address of the registered John P. Flanagan, Jr.	Registered Agent. Yon.) I agent are: Name Suite 101	You must designate an individual of		
The Limited Liability Comp mother business entity with	any cannot serve as its own an active Florida registration eet address of the registered John P. Flanagan, Jr. 710 Oakfield Drive,	Registered Agent. Yon.) I agent are: Name Suite 101	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..

fistered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:		
"AMBR" = Authorized Me	nber		
"MGR" = Manager			
AMBR	Melody A. Maxim		
	2305 SW 56th Street		
	Lawton, OK 73505		
			
f the date inserted in this blo ument's effective date on th	ck does not meet the applicable statutory filing requirements, thi Department of State's records.	3 date will	not be n
LE VI: Other provisions, if	ay.		
REQUIRED SIGNATU	E: 1 1 0 Al		
/	lelody 1/ a-	hor	
Sigi	ature of a member or an authorized representative of a member and accordance with section 605.0203 (1) (b). Floring the section 605.0203 (1) (b).	orida Statut	tes
This docu	that any false information submitted in a document to the Depar	tment of St	ate
t am awar constitute	a third degree felony as provided for in s.817.155, F.S.		
Constitute	**************************************		
Me	ody A. Maxim		
_	Typed or printed name of signee	3	9
	- J F F		
	- J. F		21
	Filing Fees:		21 يار
\$125.00 Filing Fee for	Filing Fees: rticles of Organization and Designation of Registered Agent	7 NH &	MUL 13
\$ 30.00 Certified Copy	Filing Fees: .rticles of Organization and Designation of Registered Agent (Optional)	:.	21 JUH - I
\$125.00 Filing Fee for \$30.00 Certified Copy \$5.00 Certificate of \$	Filing Fees: .rticles of Organization and Designation of Registered Agent (Optional)		2021 JUH - 1 - 4.