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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

3052201440

Phone : (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

MELAC 01 LLC

Certificate of Status 0 Certified Copy 03 Page Count \$130.00 Estimated Charge

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	NY
The name of the Limited Liability Company is:	
Melac os ill	
ARTICLE II - Address: The mailing add-	
The mailing address and street address of the principal office of the Limited Company is:	Liability
	- Landing
- SOGNW 114th Ave. Site 102, 12 Trans	FL. 3319a.
	9. 05178.
ARTICLE III Paris	<u></u>
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	d Mability
C C	·
- Gardo Merissa Coney	
666 241	.,
19th Ave. Suite 102. Min	n Pl 33192===
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ARTICLE IV	CTC (Ti)
The name and title of each person authorized to manage and control the Limit	aāc : \@\$
stime Liability Company: (MGR. or AMBR)	
Mersoal-Centry Games Picardo Ar	2022
	MBR) S
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	± 1

Required Signatures:

Signature of a member or an authorized representative of a member.

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.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)

Set Such So Signature (REQUIRED)

CR. AM SET STATE STAT