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SECRE JARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CRTICLE I - Name: The name of the Limited Liability Comp	uny is.	
Meiche	-Horal Agency	
(Must contain the v	ords "Limited Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address: he mailing address and street address o	the principal office of the Limited Liability Compa	ny is:
Data dan 1776	Maili	na Addraes

Principal Office Address:		Mailing Address:
6529 Fletcherst	. <	in Dane
HO114W007, F1 3300	25	

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:

1-10	CO1 G	me7		_
		Name	•	
$\mathbb{C}^{l}$	baa Fl	etcher	st	
Flot	da street address	(P.O. Box <u>NOT</u>	acceptable)	
HO	Nywood	FL	<u> </u>	)
	City	State	Zîp	

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. Thereby accept the appointment as registered agent and agree to act in this capacity. I Earther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Angel Gornez 6529 Fletcher St Halywood 3:025
AMPR	Joseph Melhodo  64) Sur 967 AVE FL, 33025
ffective date is listed, the dat¢ mus	he date of filing:
TLE V: Effective date, if other than the ffective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than offective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department.	es not meet the applicable statutory filing requirements, this date will not be liste
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CLE V: Effective date, if other than offective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's effective date on the Department's effective date on the Department of Signature  REQUIRED SIGNATURE:  Signature This document is an aware that is	es not meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than offective date is listed, the date must e of filing.)  If the date inserted in this block document's effective date on the Department's effective date on	of a member or an authorized representative of a member.  s executed in accordance with section 605.0203 (1) (b). Florida Statutes.  eny false information submitted in a document to the Department of State