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SECRETARIAN SANTANAN TALLAHAN SANTAN

OFFICE USE ONLY

Howald E. Nichols

(Requestor's Name)

3570 BRYCE STAFFT

(Address)

COCOA FL 32426

(City, State Zip) (Phone #) 407

200001380532 -01/13/95--01057--029 ****337.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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(Corpora	don Name)	(Document #)
	tion Name)	(Document #)
Согрога	don Name)	(Document #)
Walk in P	lick up time	Certified Copy
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Mail out NEW FILINGS	Will wait Photocopy AMENDMENTS	Certificate of Status
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NEW FILINGS Profit	AMENDMENTS Amendment Resignation of R.A., Officer/D	Certificate of Status

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OTHER FILINGS

Annual Report

Fictitious Name

Name Reservation

Reinstatement

Trademark

Other

CR2E031(10/92)

Will Cit,

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

MEGAN/AMERISOUT4

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company

3530 BRYCE STREET COCOA, FL 32926

ARTICLE III - Duration:
The period of duration for the Limited Liability Company shall be:

UNTIL APRIL 1, 2024

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

DONALD E NICHOLS IN CO. MANAGEN

3530 BRYCE STREET COCCA, FL JZ926

GARY L. MADDOCK CO-MANAGEN

7505 SW 82 = STREET = 220 MINMI, FL 33143

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of
MEGAN / AMERISOUTH L.C. deposes and says:
1) the above named limited liability company has at least two members
2) the total amount of cash contributed by the member(s) is \$
3) if any, the agreed value of property other than cash contributed by member(s) is \$
4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 100 = . This total includes amounts from 2 and 3 above.
BY DONALD E. NICHOLS TO
Signature of a member or authorized representative of member.
Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

i. The	name of the limited liability company is:		<u></u>
	MEGAN/AMERISONTH L.C.		
3 201			
z. The name	and address of the registered agent and office is:		
	DONALU E. NICHOLS JA	,	
	(Name)	17.E	(לייני) נייני
	3530 BRYCE STREET	J. H.	6 1 - 6 1 -
	(P.O. Box not acceptable)	_	5 - 19 ma 14
	COCOA FL 32926		(12.78 { B 22.81 22.81
	(City/State/Zip)	<u> </u>	(224) 1 20
		i	

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.

(Signature) JAN 11, 1995

FILING FEE: \$ 35 for Designation of Registered Agent