

Mecca Ryan LC

P. O. BOX 3768
LANTANA, FLORIDA 33465-3768

GARY SMIGIEL L.C.

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L99000004999

August 5, 1999

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

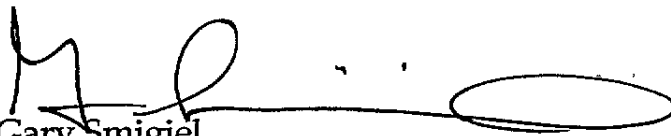
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****285.00 ****285.00

Gentlemen:

Enclosed please find the Articles of Organization, Affidavit, Certificate of Designation of Registered Agent/Registered Office for Mecca-Ryan LC. along with a check in the amount of \$285.00.


Please mail letter of acknowledgement to the above address.

Sincerely,


Gary Smigiel

GS/sw

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION

FOR

MECCA-RYAN LC

ARTICLE I – Name:

The name of the limited liability company is Mecca-Ryan LC.

ARTICLE II – Address:

The mailing address of the principal office of the limited liability company is P. O. Box 540623, Lake Worth, Florida 33454. The street address of the principal office of the limited liability company is 7965 Lantana Road, Lake Worth, Florida 33467

ARTICLE III – Duration:

The period of duration for the limited liability company shall be 15 years.

ARTICLE IV – Management:

(Check the appropriate box and complete the statement)

☒ The limited liability company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

Jim Possanza, 786 S. Military Trail, Deerfield Beach, FL 33442.

ARTICLE V – Admission of Additional Members:

The right to admit additional Members shall be a unanimous vote by all existing Members of the limited liability company.

ARTICLE VI - Members Right to Continue Business:

The right of the remaining Members of the limited liability company to continue the business on the dissolution of a Member, which terminates the continued Membership of a Member in the limited liability company, shall be to cause the dissolution of the company.

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ARTICLE VII – Affidavit of Membership and Contributions

The undersigned Member or authorized representative of a Member of Mecca-Ryan LLC, certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 2,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0
(A description of the property is attached and made a part hereto,); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 500,000.00

M.R. O. LLC.

Signature of a member or an 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.)

GARY SMIGIEL LC, Authorized Representative of Member Mecca

Typed or printed name of signee

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**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: MECCA-RYAN LC

2. The name and the Florida street address of the registered agent are:

GARY SMIGIEL, L.C. ✓ L93000000238
NAME

7965 Lantana Road

Florida street address (P. O. Box **NOT** ACCEPTABLE)

Lake Worth FL 33467
CITY, STATE AND ZIP

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.

M. J. O. L.C.
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent



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STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 3rd day
of August, 1999 by GARY SMIGIEL L.E.
who:

✓ is personally know to me; (OR)

_____ produced _____
as identification.

n.  
(print name of Notary below)

STEPHANIE WINSTON

NOTARY PUBLIC, STATE OF FLORIDA
MY COMMISSION EXPIRES: Jan. 15, 2001.



Stephanie Winston
MY COMMISSION # CC613907 EXPIRES
January 15, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

(NOTARY SEAL)

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