

C T CORPORATION SYSTEM	• • •	
equestor's Name 660 East Jefferson Stre	et	
ddress Tallahassee, FL 32301	(850)222-1092	80000 <u>304954</u> 87
olty State Zip	Phone	-11/19/9901055005 ****125.00 ****125.00
CORPORATI	ON(S) NAME	
Mego	a Concepts Limit	ed Company
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✓ Limited Liability Compe () Foreign	() Dissolution/V	Vithdrawal () Mesk 5
() Limited Partnership () Reinstatement () Limited Liability Partn	() Annual Repo () Reservation	rt () Other () () A control of F.A. () See a control of F.A.
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Name Availability Document	11/19	FLEASE RETURN EXTRA COPY(S) FILE STAMPED
Examiner	(-	THANKS
Updater		LAURA EARNEST
Veniter		
Acknowledgment		
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W.F. Verifier



FLORIDA DEPARTMENT OF STATE Katherine Harris

Katherine Harris Secretary of State

November 19, 1999

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99 NOV 29 AM II: 19

DEPARIMENT OF STATE
DIVISION OF CORPORATIONS
TALLAMASSEE, FLORIDA

C T CORPORATION SYSTEM ATTN: LAURA EARNEST

SUBJECT: MEGA CONCEPTS LIMITED COMPANY

Ref. Number: W99000026712

SECRETAL SECRETARION DE MAINTE

We have received your document for MEGA CONCEPTS LIMITED COMPANY and your check(s) totaling \$125.00. However, the enclosed document has been filed and is being returned for the following correction(s):

Your registered agent must sign accepting the designation as registered agent, and a member or authorized representative of a member must sign the execution of the document. It appears that the agent has not signed, and that the phrase "Registered Agent's signature" erroneously appears above the signature of the member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 799A00055645

Walk In
Pick up

** Please backdate filing to: **

November 19th!

Thanks!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:				
The name of the Limited Liability Company is:				
MEGA CONCEPTS LIMITED COMPANY				
ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability Company is:				
250 AUSTRALIAN AVE. SOUTH				
WEST PALM BEACH, FL 33401				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
Acquired Agent's Signature:				
The name and the Florida street address of the registered agent are:				
CT Corporation System				
Name 1200 F				
1200 South Pine Island Road				
Florida street address (P.O. Box NOT acceptable) Plantation FI 33324				
City, State, and Zip				
Having been named as registered again and to account again.				
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accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.				
CT corporation System				
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.				
(An additional article must be added if an effective date is requested)				

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Typed or printed name of signee

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

1. The name of the Limited Liability Company is:

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.

MEGA CONCE	PTS LIMITED COMPI	9NY
2. The name and the Florida street	address of the registered agent and office	-
CT Corporation Syste	em .	99 NOV SECRE ALLAH,
	(Name)	SSEE
c/o C T Corporation Sy	ystem, 1200 South Pine Island Road	
Florida	street address (P.O. Box NOT ACCEPTABLE)	D II: 49
Plantation	FL 33324	- ·
	City/State/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 as provided for in Chapter 608, F.S..

C T Corporation System	CONNIE BRYAN
Comie Brue_	SPECIAL ASSISTANT SECRETARY
(Signature)	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)