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Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0383
From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MERC LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MERC LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C." or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

692 W. 29 St. # 9
Hialeah, FL 33012

692 W 29 St #9
Hialeah, FL 33012

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:

Martiza Escobar

10090 NW. 80 CT. Apt. 1320

Florida street address (P.O. Box NOT acceptable)

Hialeah FL 33016

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 as provided for in Chapter 608, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
"MGR"	Maritza Escobar 10090 NW. 80 CT. Apt. 1320 Hialeah, FL 33016
"MGRM"	RENE CHIRINO 10090 NW. 80 CT. Apt. 1320 Hialeah, FL 33016
"MGRM"	MICHAEL CRUZ 11036 SW. 132 CT. # 3 MIAMI, FL 33186
"MGRM"	VENANCIO ZORRILLA 290-174 ST. NORTH MIAMI BEACH, FL. 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____
(OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

MARITZA ESCOBAR
Typed or printed name of signee