

# A21000000633

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : EMMANUEL SHEPPARD & CONDON  
Account Number : 072720000035  
Phone : (850)433-6581  
Fax Number : (850)433-6162

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: tombrown178@yahoo.com

FLORIDA/FOREIGN LP/LLP  
Merelco Limited Partnership

Certificate of Status	0
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Help

S. HAWKES

NOV - 2021

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Mercleo Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 633 Breakers St., Inlet Beach, FL 32461

(Street address of initial designated office)

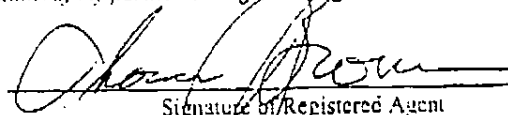
3. Thomas T. Brown

(Name of Registered Agent for Service of Process)

4. 633 Breakers St., Inlet Beach, FL 32461

(Florida street address for Registered Agent)

5. 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 relative 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 of Registered Agent

6. P.O. Box 611246, Rosemary Beach, Florida 32461

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☒.

## 8. Name and business address of each general partner:

Name:Business Address:

Syla Services, LLC

P.O. Box 611246, Rosemary Beach, Florida 32461

## 9. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 8<sup>TH</sup> day of November, 2021

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Syla Services, LLC

By: 

Thomas T. Brown, Manager

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75