

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (050)205-0383

From:

Account Name

; EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

MERRIT PLACE INVESTMENT, LLC

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

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NVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•		·
ARTICLE I - Name: The name of the Limited !	Liability Company is:	~ ,
Merrit Place In	vestment, LLC	
ARTICLE II - Address: The mailing address and s	treet address of the principal office of the Limited	Liability Company is:
	Avenue, Miami, Fl. 33166 ed Agent, Registered Office, & Registered Agen	ut's Signature: TALLAR
The name and the Florida	street address of the registered agent are:	02 F
	Coulos 3 Company	
	Carlos A. Ortega Name	FLORID
	6500 N.W. 72nd Ave.	<u> </u>
	Florida street address (P.O. Box NOT acceptable)	
	Miami FL 33166	· - ',,
	City, State, and Zip	
statutes relating to the pro-	ne to act in this capacity. I further agree to comply to oper and complete performance of my duties, and I may position as religious agent as provided for in Complete Registered Agent's Signature	am familiar with and
The Limited Liabilit	ent (Check box if applicable.) by Company is to be managed by one manager or managed company.	tore managers and is,
(An add	itional article must be added if an effective date is	
Signa	ture of a member or an authorized representative of a m	ember.
(In s of th	accordance with section 608.408(3). Florida Statutes, the exe is document constitutes an affirmation under the penalties of the facts stated herein are true.)	cution
****	Carlos A. Ortaga Typed of printed name of signee	
	Typed of printed name of signee	

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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)