

L04000000719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

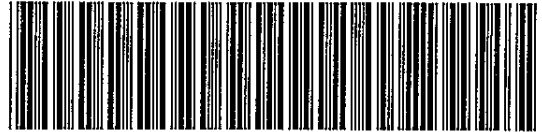
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L04-719
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DIVISION OF CORPORATIONS

12/23/03

Please find enclosed the Articles of Organization for my corporation.

I have enclosed a check for \$125 to cover cost of filing fee + designation of Registered agent.

Please forward all future correspondences to my address as follows:

Sandra Justin
22509 Sea Bass Drive
Boca Raton FL

-33428

Home # 561-479-1438
fax # 561-451-8353
Cell # 954-520-0851

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Thank you,

Sandra Justin

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

First Merchant Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

First Merchant Services, LLC

SAME

22509 Sea Bass Drive

Boca Raton, FL 33428

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Sandra Justin

Name

22509 Sea Bass Drive

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

Boca Raton FLORIDA 33428

City, State, and Zip

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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, Florida Statutes..

Sandra Justin
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Sandra Justin
22509 Sea Bass Drive
Boca Raton, FL 33428

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Loran M. Bommer Esq. ~ Sandra Justin
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.)

Loran M. Bommer, Esq. ~~authorized representative~~
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)