## L04000027662

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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VALIDATION ONLY

Santana & Associates, P.A.

Requestor's Name

1713 SE Tangelo Drive

Addrass

Arcaida, FL 34266

City State 21P Phone

(863) 491-5661C

## CORPORATION(S) NAME

	Mer	camex	, L. L. C.	
	<del></del>	<del></del>		
) Profit ) NonProfit	(	) Amendment		( ) Merger
) Fareign	(	) Dissolution		( ) Mark
) Limited Partnership ) Reinstatement	(	) Annual Report ) Reservation		(X) Other LLC ( ) Change of Registered Agent
) Certified Copy	(	) Photo Copies		( ) Certificate Under Seal
) Call When Ready Walk In	( ) Will Walt	} Call If Problem	Pick Up	( ) After 4:30 ( ) Mail Out
ame vallabiti(y		<del></del>	-	

Timpire Toll Free: 1-800-432-3028

W.P Verifier

**Acknowledgment** 

Document Examiner

Updater

Verifier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ( - Name:

The name of the Limited Liability Company is:

L.L.C.				
ole office of the Limited Liability Company is:				
Mailing Address;				
583 S. Brevard Avenue				
Arcadia, Fl. 34266				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:				
Rufino H. Rodriguez Name  583 5. Brevard Avenue				
ox <u>NOT</u> acceptable)				
Arcadia, FL 34266 City, State, and Zip				
ept service of process for the above stated his certificate, I hereby accept the appointapacity. I further agree to comply with the emplete performance of my duties, and I ambition as registered agent as provided for in F.S				

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM	Rufino H. Rodriguez 583 S. Brevard Avenue				
	_				
	Arcadia, Fr. 34266				
MGRM	Miquel A. Paz Cabrales				
	583 5. Brevard Avenue				
	Arcadia, FL. 34266				
(Use attachment if necessary)					
NOTE: An additional article must be	added if an effective date is requested.				
REQUIRED SIGNATURE:	Paule				
Signature of a geomber or an authorized representative of a member.					
the exec	coordance with section 608.408(3), Florida Statutes, ution of this document constitutes an affirmation under talties of penjury that the facts stated herein are true.)				

RUTINO H. RODIA UEZ
Typed or printed name of signes