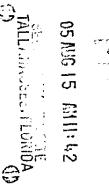


(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
·	Office Use Only	1
1 '		



08/15/05--01070--019 **125.00



TRANSMITTAL LETTER

TO: Registration S Division of C				
SUBJECT: Me	(Name of Limited	d Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	Thomas J.	Peleonial Name of Person)		
Merc	ato Data Solu			
<u></u>	96/ Crutvie	(Address)	JALL 05	.
	Weston F	ム 333ユフ (State and Zip Code)	OS AUG 15 AHII: 42 TÄLLAILASSEE FLÖRIÖA	¥.
	n concerning this matter, please		HII: 42 , r Lorid	*5
Thomas (Nam	J. Peleanin e of Person)	at (954) 349 - (Area Code & Daytime Te	7258. 😂 Pelephone Number)	
Enclosed is a check t	for the following amount:			
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divis 409 l	EET ADDRESS: stration Section sion of Corporations E. Gaines Street thassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mercato Data So, ARTICLE II - Address:	allons,
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
961 Crestrien Circle	Westen, FL 33327
Weston, FL 33327	
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature:
The name and the Florida street address o	• • • • • • • • • • • • • • • • • • •
Thomas	of the registered agent are: 3. T. Peleckin Name Strien Circle SP A A A A A A A A A A A A A
	stview Circle reet address (P.O. Box NOT acceptable)
	FL 33327 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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee