

L06000112016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

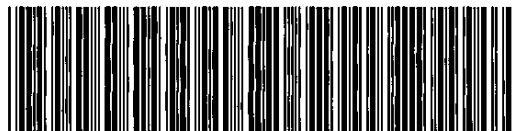
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

IBM

Office Use Only



800081603788

11/20/06--01008--020 \*\*155.00

EFFECTIVE DATE  
11/20/06

RECEIVED  
06 NOV 20 PM 1:28  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
06 NOV 20 PM 1:31  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G. Merritt (George Adam Merritt)  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

George Adam Merritt  
(Name of Person)

G. Merritt Ltd Co.  
(Firm/Company)

1169 Ocala Rd  
(Address)

Tallahassee, Florida 32304  
(City/State and Zip Code)

For further information concerning this matter, please call:

George Merritt at ( 850 ) 320-2431  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="radio"/> \$125.00 Filing Fee	<input type="radio"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="radio"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="radio"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
---	--	---	--

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE  
11/20/06

G. Merritt Limited Company  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "LC.,")

## ARTICLE II - Address:

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

### Principal Office Address:

1169 Ocala Rd  
Tallahassee FL 32304

### Mailing Address:

George Merritt  
1169 Ocala Rd  
Tallahassee Florida 32304

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

George A. Merritt  
Name

1169 Ocala Rd  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32304  
City, State, and Zip

FILED  
06 NOV 20 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

G. Adam Merritt  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

George Adam Merritt  
1169 Ocala Rd  
Tallahassee, FL 32304

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/20/06. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

G. Adam Merritt

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.)

George Adam Merritt

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)