

LO8000037689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

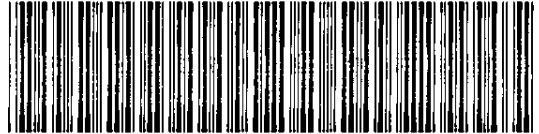
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900119243309

04/14/08--01052--015 **125.00

FILED
08 APR 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. ~~Quigley~~ APR 15 2008

ARTICLES OF ORGANIZATION FOR MERP DUPLEX, LLC

FILED

08 APR 14 PM 3:12

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLE I

Name:

The name of the Limited Liability Company is MERP DUPLEX, LLC.

ARTICLE II

Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 9200 SW 71 Avenue, Miami, Florida 33156.

ARTICLE III

Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the Limited Liability Company's registered agent are:

Judy Nichols
9200 SW 71 Avenue
Miami, Florida 33156

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 in Chapter 608, Florida Statutes.

By: _____

Registered Agent's Signature

ARTICLE IV

Management: (Check box if applicable)



The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Judy Nichols, Authorized Representative

(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.)