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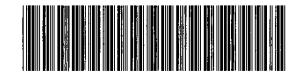
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

G. MCLEOD

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SECRETARY OF STATE

1086L

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT:	MERCHANT Ad. (Name of Limite	vantage LIC	
	(Name of Limite	ed Liability Company)	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this matt	er to the following:	
	GWEN G	i'llo He	
	((Name of Person)	
	MEachant	Advantage LLC (Firm/Company)	
			C. tr 283
	03) (7u/F	Broeze PKwy,	Quite V
		Se 25	
	(Cit	y/State and Zip Code)	
For further informat	ion concerning this matter, please	call:	
Cowe	ame of Person)	at (\$50) 377-	7654
(N	ame of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fe		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VPS of MERCHANT Adv (Must end with the words "Limited Liability Co	Company, L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Blozi Gulf BREEZEPKwy Suite 28 Gulf Breeze, Fl- 32501	3 SAME
ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the regis Guently M - G Name 229 Florida street address Coult Reference City, State, and Zeep City, State, and Zeep Coult Coult Coult Coult Coult Coult Coult Coult Coult Coult Coult Coult Coul	Agent. You must designate an individual or another VISION OF STARY OF STATE OR ATTO

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 (REQUIRED)

(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:

MGR	GWENDALYN Guillotte 229 Florida Ave Gulf Breeze Fl. 32561
MGRM	Andrea KEENAN 225 Flakida Ave Chulf Breeze, fl 30541
	
	
(Use attachment if necessary)	

REQUIRED SIGNATURE:

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.)

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)