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TO:

Registration Section Division of Corporations

| SUBJECT: MERIT MARKETING CONSULTING GROUP, LLC |
|--|
| (Name of Limited Liability Company) |
| (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: MIKE RAMAZIO (Name of Person) |
| Please return all correspondence concerning this matter to the following: |
| MIKE RAMAZIO ES 9 |
| (Name of Person) |
| MERIT MARKETING GROUP, LLC |
| (Firm/Company) |
| 3665 PARK CENTRAL BLVD N |
| (Address) |
| POMPANO BEACH, FL 33064 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| MIKE RAMAZIO _{at (} 561) 212-0975 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

| ARTICLES OF ORGANIZATION FOR FL | ORIDA LIMITED LIABILITY COMPANY |
|--|--|
| ARTICLE I - Name: | ALL AT |
| | |
| The name of the Limited Liability Company is: | GPOUR IIC |
| MERIT MARKETING CONSULTING | |
| (Must end with the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3665 PARK CENTRAL BLVD N | 3665 PARK CENTRAL BLVD N |
| POMPANO BEACH, FL 33064 | POMPANO BEACH, FL 33064 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. | ered Agent. You must designate an individual or another |
| MERIT MARKETING | GROUP, INC. |
| Name | |
| 4890 REGENCY COL | JRT |
| Florida street add | ress (P.O. Box NOT acceptable) |
| BOCA RATON, FL 3 | 3434 |
| City, State, a | nd Zip |
| | accept service of process for the above stated limited his 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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

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 | , |
| MGRM | MERIT MARKETING GROUP, INC. |
| | 4890 REGENCY COURT |
| | BOCA RATON, FL 33434 |
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| (Use attachment if necessary) | |
| • | 11/20/2020 |
| CLE V: Effective date, if other than the | e date of filing. 11/30/2008 (OPTIONAL |
| | pe specific and cannot be more than five business days |
| 90 days after the date of filing.) | |
| | |
| REQUIRED SIGNATURE: |) |
| | 1/1 |
| h | ike trip |
| Signature of a memb | er or an authorized representative of a member. |
| (In accordance with so | ection 608.408(3), Florida Statutes, the execution |
| of this document cons that the facts stated | stitutes an affirmation under the penalties of perjury herein are true.) |

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)

Typed or printed name of signee