

1a Incorporate Service 3053 3811 p.1  
**LO9000035961**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000062340 3)))



H0900006234034BCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I2C070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 17 AM 8:49

FILED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**MRSA NO MERCY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**D. BRUCE**

MAR 18 2009

**EXAMINER**

RECEIVED

09 MAR 17 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H-09000062340-3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

MRSA NO MERCY, LLC

**ARTICLE II ADDRESS**

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

766 SE 5TH AVENUE

DELRAY BEACH, FLORIDA 33483

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.

5647 110TH AVENUE NORTH

ROYAL PALM BEACH, FLORIDA 33411

CLERK OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 17 AM 8:49

FILED

Having been named as registered agent 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.

*Tina Make Pres* 3/17/09  
A1A REGISTERED AGENT INC. / Registered Agent's signature

H-09000062340-3

# 09000062340.3

PAGE 2 .MRSA NO MERCY, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

DOUGLAS SMITH

766 SE 5TH AVENUE

DELRAY BEACH, FLORIDA 33483

MANAGING MEMBER

ELISA ROMO

766 SE 5TH AVENUE

DELRAY BEACH, FLORIDA 33483

FILED  
09 MAR 17 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

X

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.

DOUGLAS SMITH

#-09000062340.3