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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
MERLIOT MANAGEMENT IX, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. SAULSBERRY  
EXAMINER  
NOV 15 2010

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY****ARTICLE I – Name:** The name of the Limited Liability Company is:**Merliot Management IX, LLC****ARTICLE II – Address:**

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

**Principal Office Address:**7041 S.W. 154<sup>th</sup> Court,  
Miami, FL, 33193.**Mailing Address:**7041 S.W. 154<sup>th</sup> Court,  
Miami, FL, 33193**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

**ALEJANDRA ALVARADO**7041 S.W. 154<sup>th</sup> Court  
Miami, FL 33193FILED  
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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..*

**ALEJANDRA ALVARADO**

*Alejandra Alvarado*  
Registered Agent's Signature

(CONTINUED)

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**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

ANGEL REINALDO BARON

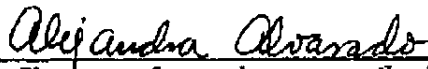
MGR

NOELIA COROMOTO ROJAS

MGR

ALEJANDRA ALVARADO

**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.)

ALEJANDRA ALVARADO

\_\_\_\_\_  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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