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Florida Department of State
Division of Corporations
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To: Joey Bryan - Regulatory Specialist II
Division of Corporations

Fax Number : (850) 617-6383

PLEASE NOTE THIS IS A RE-SUBMISSION

From: Carrie L. Ramos, Paralegal, please fax confirmation to (407) 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078

Phone : (407) 843-8880

Fax Number : (407) 244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.

Merchant One Solutions, LLC

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May 17, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GRAYROBINSON, P.A. - ORLANDO

SUBJECT: MERCHANT SOLUTIONS, LLC
REF: W11000027162FILED
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P06000058491, MERCHANT SOLUTIONS, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist IIFAX Aud. #: H11000132581
Letter Number: 611A00012158

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: **MERCHANT ONE SOLUTIONS, LLC**

ARTICLE II - Address:

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

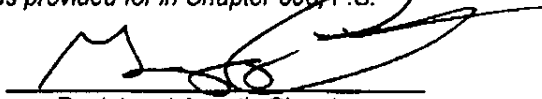
1949 Breezy Hill Drive, Windermere, Florida 34786

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Gregg R. Lehrer, Esq.
301 E. Pine Street
Suite 1400
Orlando, FL 32801**

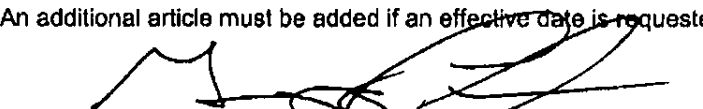
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

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.

(An additional article must be added if an effective date is requested)


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.)

Gregg R. Lehrer, Authorized Representative
Typed or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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