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(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
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SECRETARY OF STATE
ANALYSEF FI OR IN A

C. LEWIS

AUG 2 9 2011

EXAMINER

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COVER LETTER

√TO:	Registration Section Division of Corporations
SUBJE	or Mercado LLC
SUBJE	CT: Mercado, LLC Name of Limited Liability Company
The encl	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Elizabeth Mercado Name of Person
	Regional Cleaners Firm/Company
-	Firm/Company
	1046 State Road 50
_	Address
	Clermont FL 347
	Clermont FL 347 City/State and Zip Code
	17212344@ yahoo.com E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
_	
<u>Eliz</u>	Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
⊠ \$125.00 I	Filing Fee \$\bigsup \\$130.00 Filing Fee & Certificate of Status \$\bigsup \\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\bigsup \\$160.00 Filing Fee, 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Lia	ibility Company is:			
E.A. Merc	ado, LLC	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and stre	et address of the pri	ncipal office of the Limited Li	iability Comp	pany is:
Principal Office Address:		Mailing Address:		
1046 State Road 5 Clermont, FL 34	50 East 711	1046 State Road Clermont, A 3491	<u>150 East</u> 1	
	ot serve as its own Register	Office, & Registered Agent's red Agent. You must designate an indiv		
The name and the Florida str	eet address of the re	gistered agent are:	201 SE TAL	
Elizabeth Mercado		SECRETARY OF STATE TALLAHASSEE. FLORIDA	\neg	
Elizabeth Hercado Name PRE ASE		G 26 TAR		
1142 Chelsea Parc		.338 Y OF Y	FILE	
- · · · · · · · · · · · · · · · · · · ·	Florida street addre	ess (P.O. Box NOT acceptable)	FLC SI	
<u>Min</u>		FL 34715	RID RID)
	City, State	e, and Zip	>	
Having been named as regis	stered agent and to a	ccept service of process for the	above stated	limited

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)

• •	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Name and Address:		
	Title:	Name and Address:	
	"MGR" = Manager	TALLAN TARY OF S	
	"MGRM" = Managing Member	Name and Address: SECRETARY OF STATE Colored Address:	
	MGRM	Elizabeth Mercado 1142 Chelsea Parc Minneola FL 34715	
(If an e	(Use attachment if necessary) CLE V: Effective date, if other than the date of fective date is listed, the date must be so days after the date of filing.)	ate of filing: $8/22/2011$. (OPTIONAL) pecific and cannot be more than five business days prior	
	REQUIRED SIGNATURE:		
	Elizabeth Signature of a member of	r an authorized representative of a member.	
	(In accordance with section 608.40 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	18(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State	

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)