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FAX No.

001/006

11/20/2014

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
MERCHANTS SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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P. 002/006

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11/21/2014 9:22:43 AM PAGE 1/001 Fax Server



November 21, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: MERCHANTS SOLUTIONS, LLC  
REF: W14000070239

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 existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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Elliot R. McCaskill  
Registration Specialist II

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

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

**EFFECTIVE DAY JANUARY 1<sup>ST</sup> 2015**

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**EFFECTIVE DAY JANUARY 1<sup>ST</sup> 2015**

**MERCHANTS SOLUTIONS USA, LLC**

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

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

**Principal Office Address:**

1865 BRICKELL AVE UNIT 1411A  
MIAMI, FL 33129

**Mailing Address**

200 SE 1<sup>ST</sup> STREET SUITE 604  
MIAMI, FL 33131

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TALLAHASSEE, FLORIDA

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature:**

*(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

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

**R&P ACCOUNTING & TAXES INC**

Name

**200 SE 1<sup>ST</sup> STREET SUITE 604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL. 33131**

*FL City, State, and Zip*

*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 605, F.S*

X

**Registered Agent's Signature (REQUIRED)**

**ARTICLE IV**

*MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each  
Person authorized to manage and control the Limited Liability Company:*

*Title:*

**MERCHANTS SOLUTIONS USA, LLC**

**AUTHORIZED MEMBER**

**GUSTAVO MARQUEZ**  
1865 BRICKELL AVE UNIT 1411A  
MIAMI, FL 33129

**MANAGER MEMBER**

**RENATO F ELIA**  
1865 BRICKELL AVE UNIT 1411A  
MIAMI, FL 33129

ARTICLE V

*Effective date, if other than the date of filing (OPTIONAL)*  
*(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)*

**REQUIRED: SIGNATURE**

X \_\_\_\_\_  
*Signature of a member or an authorized representative of a member.*

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*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

**GUSTAVO MARQUEZ**

*Typed or printed name of signer*