## L15000024907

(Re	equestor's Name)	
(Ad	idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FFECTIVE DATE 1-27-15

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SECALIARY OF STATE

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## COVER LETTER

TO:	Registration Division of C		•	
SUBJI	ECT: Merit Ar	praisal Services, LLC Name of Lin	nited Liability Company	
		rune or ism	med mammy company	
The en	closed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please	return all corres	pondence concerning this m	atter to the following:	
	Kathleen	F Seither	N. CY	
			Name of Person	
	Merit App	raisal Services, LLC		
			Firm/Company	
	1412 Cor	nemara Circle		
			Address	
	Gulf Bree	ze, FL 32563	177.0	
		C	ity/State and Zip Code	
_ķs	either@hotma	il.com E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther information	concerning this matter, plea	ase call:	
Kathle	een F Seither Nam	at (_{	350 ) 748-3273	lephone Number
Enclos	ed is a check fo	the following amount:		
☑ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	The state of the s
Merit Appraisal Services, LLC (Must end with the words "Limited")	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1412 Connemara Circle Gulf Breeze, FL 32563	1412 Connemara Circle Gulf Breeze, FL 32563
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own lanother business entity with an active Florida registration.)  The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or n.)
Kathleen F Seither	
Name	
1412 Connemara Circle Florida street address (P.O. Box	NOT acceptable)
Gulf Breeze	FL 32563
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

tle:	Name and Address:
MBR" = Authorized Member IGR" = Manager	
athleen F Seither - AR	1412 Connemara Circle
	Gulf Breeze, FL 32563
<del></del>	
ive date is listed, the date must be sp	of filing: 01/27/2015 (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the date ive date is listed, the date must be speciling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a me (In accordance with section 60)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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