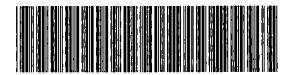
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(Re	equestor's Name)	,
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PICK-UP	☐ WAIT	MAIL
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B. BOSTICK FEB **11** 2015

EXAMINER

: COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Merchants Realty, LLC Name of Limited Liability Company

Formed for the purpose of conducting real estate transactions

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

John Ba	rett Hickman				
<u> </u>	TOTAL PRODUCTION OF THE PRODUC	Name of Person			_
Merchan	ts Realty, LLC	Firm/Company			_
		rimizcompany			
522 5th	Ave SW				
		Address			
<u>Largo, Fl</u>					
	(City/State and Zip Code		;	[.]
barrett@mercha	antsrealtylic.com E-mail address: (to be use	d for future annual report notific	ation)	: :	3.5
For further informatio	n concerning this matter, ple			,	E8 - 3
John Barrett Hickma				1	U
Nan	ne of Person	Area Code Daytime Te	elephone Number	1	بر : 2
Enclosed is a check fo	r the following amount:		,		
☐ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy	Status	

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

الم

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Merchants Realty, LLC (Must end with the words "Li	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
522 5th Ave SW Largo. FL 33770	522 5th Ave SW Largo, FL 33770
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. You must designate an individual or
The name and the Florida street address of the regis	stered agent are:
Deborah Valerie Logal	
1	Name
333 39th Ave Florida street address (P.C). Box <u>NOT</u> acceptable)
St Petersburg Beach	FL 33706
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the provice of my duties, and I am familiar with and accept to	ept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S. Signature (REQUIRED)
(CONT	rinued)
Page	e1of2

itle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
AMBR, sole member	John Barrett Hickman
	522 5th Ave SW
	Largo, FL 33770
Jse attachment if necessary)	
V: Effective date, if other than the dat tive date is listed, the date must be s	e of filing:
Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be spling.) VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dat tive date is listed, the date must be sfiling.) VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the dat tive date is listed, the date must be sfiling.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ember or an authorized representative of a member.
V: Effective date, if other than the dat tive date is listed, the date must be sfiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document-
V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documenter the penalties of perjury that the facts stated herein are true.
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