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Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Division of C	Section Corporations		
SUBJECT	r: <u> </u>	ARC MERO LI	L C nited Liability Company	···
The enclose	sed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please rett	urn all corre	spondence concerning this m	atter to the following:	
		MARC MER	Name of Person	
		MARC MERO, L	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	10	I E. FAITH TE	RRACE Address	
		MAITLAND , FL	. 3275 ity/State and Zip Code	
			o2,086 d for future annual report notifica	tion)
For further	r informatio	n concerning this matter, plea	ase call:	
Ho		warkee at (ephone Number
Enclosed i	is a check fo	r the following amount:		
□ \$125.00 F	-	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address	Street/Courier Addr	ess
	Divi	istration Section sion of Corporations	Registration Section Division of Corporati	ions
		Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
MARC M (Must en	LERO, LLC d with the words "Lim	ited Liability Con	npany, "L.L.C.," or	·"LLC.")
ARTICLE [I - Address: The mailing address and street	address of the princip	al office of the Li	mited Liability Con	npany is:
Principal Office Address:		Mailing A	ddress:	
MAITCAND, 32	ERRACE 751	5	AMÉ	
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ny cannot serve as its o	own Registered Ag		
The name and the Florida stree	t address of the registe	ered agent are:		
	HOWARD	WALKER		
	Na	ame		
	746 E SILU la street address (P.O.	Box <u>NOT</u> accepta	able)	
	COEE	FL	34761	
	City		Zip	
capacity. I further agree to c	certificate, I hereby accomply with the provision in the provision of the country in the country	ccept the appointmens of all statutes is obligations of my hapter 605, F.S	ent as registered ag relating to the prope position as register	ed limited liability company a gent and agree to act in this er and complete performance red agent as provided for in
	(CONTI Page I	,		O AMII: 23

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MARC MERO LOLE, FAITH TERRACE MAITLAND, FC. 32751
(Line attackment if no access)	
of filing.) LE VI: Other provisions, if any.	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than the fective date is listed, the date must to of filing.) LE VI: Other provisions, if any.	
E V: Effective date, if other than the fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false)	