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SECRETARY OF STATE WALLAHASSEE, FLORIDA

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COVER LETTER

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	gistration Section vision of Corporations
SUBJECT	Merli Whirli 1, LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	michael f. dignam
	Name of Person
	michael f. dignam, P.A.
	Firm/Company
	1601 Hendry Street
	Address
	Fort Myers, Florida 33901
	City/State and Zip Code
1	mfdignam@dignamlaw.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	michael dignam 239 337-7888 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				-2
The name of the Limited Liability Con	mpany is:			2015 JUN 29
Merli Whirli 1, LLC.				100 PM
	he words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address:				mg I
The mailing address and street addres	s of the principal of	ffice of the Limited Li	ability Company is:	5 S
<u>Principal Of</u>	fice Address:		Mailing Address:	*
1416 S.W. 43rd Terrace		same		
Cape Coral, Florida 33914	ļ .			
				
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active	ot serve as its own	Registered Agent. Yo		ual or
The name and the Florida street addre	ss of the registered	agent are:		
М	ichael F. Dignam			
		Name		
<u>16</u>	01 Hendry Street			
FI	orida street address	(P.O. Box NOT acce	eptable)	
Fo	rt Myers	Florida	33901	
	City	State	Zip	
Having been named as registered agent	and to accept servi	ce of process for the a	bove stated limited liability c	ompany at the

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..

(CONTINUED)

istered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Citle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MGR	Ruth E. Rigby
	1416 S.W. 43rd Terrace
	Cape Coral, Florida 33919
	
	
V: Effective date, if other than the dative date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
V: Effective date, if other than the dative date is listed, the date must be filling.) he date inserted in this block does no ent's effective date on the Department	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
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