

**L18000032520**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200308299392

02/05/18--01026--028 \*\*160.00

RECEIVED  
FEBRUARY 11 2018  
TALLAHASSEE, FLORIDA

18 FEB -5 PM 12:41

FILED

N CULLIGAN

FEB 7 2018

# ISPHORDING, BECHTOLD & SHARRER, P.A.

ATTORNEYS & COUNSELORS AT LAW

Daniel A. Bechtold (1959-2014)  
Braden H. Sharrer  
Annette M. Boone

---

## OF COUNSEL

Roger O. Isphording+\*  
Clifton F. White  
Charles F. Wheeler  
Robert L. Williams

+Board Certified in Wills Trusts and Estates

\*Fellow American College of Trust and Estate Counsel

February 1, 2018

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

RE: Merrill Design Studio, LLC

Dear Sir/Madam:

Enclosed please find the following documents concerning the above:

1. Cover Letter
2. Articles of Organization for Florida Limited Liability Company
3. Firm check #6460 payable to the Florida Department of State in the amount of \$160.00

Feel free to call if you have any questions.

Best regards,

Sincerely,

ISPHORDING, BECHTOLD & SHARRER, P.A.



BRADEN H. SHARRER  
FOR THE FIRM

Enclosures as stated above

nj

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Merrill Design Studio, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra J. Merrill  
Name of Person

Firm/Company

72 Brig Circle E  
Address

Placida, FL 33946  
City/State and Zip Code

brady@sharrerlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra J. Merrill at (651) 238-0983  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 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**

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:

The name of the Limited Liability Company is:

Merrill Design Studio, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

72 Brig Circle E  
Placida, FL 33946

Mailing Address:

72 Brig Circle E  
Placida, FL 33946

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:

Sandra Merrill  
Name

72 Brig Circle E  
Florida street address (P.O. Box **NOT** acceptable)  
Placida FL 33946  
City State Zip

FILED  
18 FEB -5 PM 12:41  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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..

Sandra J Merrill  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR ~~XXXXXX~~

**Name and Address:**

Sandra J. Merrill  
72 Brig Circle E.  
Placida, FL 33946

(Use attachment if necessary)

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Sandra J. Merrill

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sandra J. Merrill

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

18 FEB -5 PM 12:41

FILED