

L180000231086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

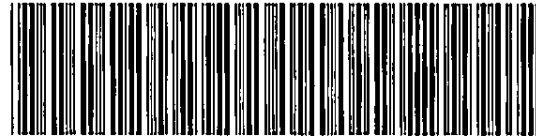
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MERKAD, 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:

Giselle Gagg

Name of Person


Firm/Company

15603 SW 24 Terrace

Address

Miami, Florida 33185

City/State and Zip Code
TAXDREAM@TAXDREAM.CO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Giselle Gagg 305 998-0275

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MERKAD, I.LC

(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:

Mailing Address:

15603 SW 24 Terrace Miami, Florida 33185

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:

Giselle Gagg

Name

15603 SW 24 Terrace

Florida street address (P.O. Box NOT acceptable)

Miami

Florida

33185

City

State

Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Giselle Gagg 15603 SW 24 Ter., Miami, FL 33185

Manuel Diaz 15603 SW 24 Ter., Miami, FL 33185

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/24/2018 (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.

This company can be dedicated solely and exclusively to the distribution of Amway Corporation items under IBO # 520538

REQUIRED SIGNATURE:



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.

Giselle Gagg

Typed or printed name of signer

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