

C19000084408

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H19000103240 3)))



H190001032403ABCU

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To:Division of Corporations
Fax Number : (850)617-6381**From:**Account Name : TAX CARE DORAL
Account Number : I20190000008
Phone : (786)845-8854
Fax Number : (786)845-8857

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____**FLORIDA LIMITED LIABILITY CO.
MERLIN GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAR 29 AM 7:44

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MERLIN GROUP 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:650 NE 64 ST APT G202
MIAMI FL 33138Mailing Address:650 NE 64 ST APT G202
MIAMI FL 33138

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:

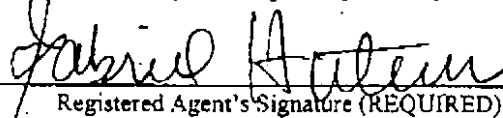
TAX CARE DORAL

Name

1400 NW 107TH AVE STE 430Florida street address (P.O. Box NOT acceptable)

<u>SWEETWATER</u>	<u>FL</u>	<u>33172</u>
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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2019 MAR 29 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR-MBR**Name and Address:**MARCOS AMADEO650 NE 64 ST APT G202MIAMI FL 33138AMBRNIRVANA A307 CORP650 NE 64 ST APT G202MIAMI FL 33138

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/27/2019 (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.
ANY AND ALL LAWFUL BUSINESS**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.MARCOS AMADEO

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)

03/29/2019 15:50 Tax Care

(FAX)7868458857

P.004/005

FX Date/Time
850-817-8381

03/29/2019 10:44 850 617 6381
3/29/2019 10:48:02 AM PAGE 1/001 Fax Server

P.001



March 29, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX CARE DORAL

SUBJECT: MERLIN GROUP LLC
REF: W19000031911

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H19000103240
Letter Number: 319A00006258

Send Result Report



MFP

ECOSYS M3540idn

Firmware Version 2NM_2000.002.028 2014.07.02

03/28/2019 09:45
[2NM_1000.006.002] [2NM_1100.001.004] [2NM_7000.002.028]

Job No.: 036613

Total Time: 0'00'35"

Page: 003

Complete

Document: doc03661320190328094438

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX CARE DORAL

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECH
001	03/28/19 09:45	8506176381	0'00'35"	FAX	OK	200x100 Normal/On