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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MERCE PERSONAL SERVICES 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:
Ms. Marleen Phillips Name of Person
MERCE PERSONAL SERVICES LLC Firm/Company
10702 WINDWARD STREET Address
PARKLAND FLORIDA 33076 City/State and Zip Code Phillips 8th @ Outlook. Com E-mail address: (to be used for future annual report notification)
Phillips 8th @ Outlook. Com Figure 1 address: (10 he used for future appeal report retification)
For further information concerning this matter, please call:
Marleen Phillips at (954) 256-410 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \tag{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
MERCE PERSONAL SERVICES, 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: Mailing Address:	
LD702 WINDWARD STREET ID702 WINDWARD STREET PARKLAND, FL 33076	<u> </u>
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: MRS PATRICIA HUTCHINSON	at the
14the	
√ Registered Agent's Signature (REQUIRED)	

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR + MGR	Ms. Marleon Phillips 10702 WINDWARD STREET PARKLAND, FL 33070000000000000000000000000000000000
	PR IS AT 9:3
(Use attachment if necessary)	D*
If an effective date is listed, the date must be specific he date of filing.)	ling: 20 APRIL 2019. (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Merilein	Phylips

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.

MARLEEN PHILLIPS
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)