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COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	MERITAS	ADVISORY GROUP, LLC
SOBJEC		Name of Limited Liability Company
The encle	osed Articles of Organization	on and fee(s) are submitted for filing.
Please re	turn all correspondence cor	ncerning this matter to the following:
	MER,	IANN M. STOCKWELL
		Name of Person
		Firm/Company
	10-640	ARLIN BRIVE
	190 (10)	MELTIO
		Address
	BELLEAIR	2 BLUFFS, 72 33770
	Meri. Stock	Chuellet & gmail.com
	E-mail addr	ress: (to be used for future annual report notification)
For further	information concerning th	is matter, please call:
		al at 727, 260-2085
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the followin	g annount:
ተ s 125.00	Filing Fee \$130.00 Certifica	Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corpo	
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 3	2314 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: MERITAS ADVISORY 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: Mailing Address:		
MOI MARLIN DRIVE SAME BELLEAIR BLYFFS. 71 33770		
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: MALIANN M. STOCKWAL		

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 is provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	MERIANN M. STOCKWELL	
MGR	BELLEAIR BUNFES, 71.33770	
	SER T	
	SHE P	
	PH 3: 06	
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
This document is execut I am aware that any talse constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	
JUER/ANI	Typed or printed name of signee	
	Typed or printed name of signee	

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

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)

ARTICLE IV-