# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

\*\*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. MERIT REAL ESTATE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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#### ARIICA ESCHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

### MERIT REAL ESTATE INVESTMENTS, LLC

(Must end with 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:
12901 North Florida Ave	12901 North Florida Ave
Tampa, FL 33612	Тапра, FL 33612

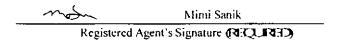
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

	Nane		3
5011 South State R	oad 7, Suite 106		
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)	
Davie	FL	33314	
ΟV	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..



(CONINLED)

Pgeld2

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Lodge Manage
AMBR	Luigi Grippi 12901 North Florida Ave
	Tampa, FL 33612
	Tampa, 11. 55012
	·
(Use attachment if necessary)	~~
CLEV: Effective date, if other than the ceffective date is listed, the date must be	late of filing:
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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)