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Division of Corporations

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From: Vcorp Services, LLC

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.

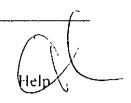
Email Address:

FLORIDA LIMITED LIABILITY CO. MERIT PROFESSIONAL COATINGS HOLDINGS, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	03	
Estimated Charge	S125.00	

Electronic Filing Menu

Corporate Filing Menu



ARBICLES CFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MERIT PROFESSIONAL COATINGS HOLDINGS, 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:	<u>Mailing Address</u> :
12901 North Florida Ave	12901 North Florida Ave
Tampa, Ft. 33612	Tampa, 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:

	Name	
5011 South State R	oad 7, Suite 106	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Davie	FL.	33314
Ch/	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. Thereby 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 diffies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Mimi Sanik

Registered Agent's Signature (REQUEED)

(CONTINUED)

Page1d2

To: +18506176381 ·

From: Vcorp Services, LLC

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" = ManagerLuigi Grippi AMBR 12901 North Florida Ave Tampa, Fl. 33612 (Use attachment if necessary) _____. (OPTIONAL) ARTICLEV: Effective date, if other than the date of filing: ___ (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. ARTICLEVI: Other provisions, if any. ٩ REQUIRED SIGNATURE: acesa Brokin) 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. Raeesa Ibrahim Typed or printed name of signe

Filing Fors

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)