Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GREEN BOX TAX SERVICES INC

Account Number : I20190000123 Phone : (305)928-1137 Fax Number : (786)349-4952

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

Email Address: SCMP431@gmail. com

## FLORIDA LIMITED LIABILITY CO. MERINOS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## H22000363898 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICIAL			
ARTICLE I - Name:			
The name of the Limited Liabi	ility Company is:		
Merinos LLC		·	
	ntain the words "Limited I	iability Company,	'L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	t address of the principal of	ffice of the Limited	Liability Company is:
Princ	ipal Office Address:		Mailing Address:
721 SW 1 ST	· .		
Hallandale Beach, Fl	_ 33009		
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida street	ny cannot serve as its own n active Florida registratio	Registered Agent. \ n.)	t's Signature: 'ou must designate an individual or
	Serguey Merino		
		Name	
	721 SW 1 ST		
	Florida street address	(P.O. Box NOT ac	eceptable)
	Hallandale I	Beach FL	33009
	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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## H22000363898 3

"AMBR" = Authorized Member  "MGR" = Manager  MGR  Sarguay Marino  721 SW1 ST  Hallandate Beach, Ft 33009  (Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:  or effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day date of filing.)  eg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.  FICLE VI: Other provisions, if any.  Signator of Amember or an authorized representative of a member.  This document is effectived in a document to the Department of State.  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.		Name and Address:
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day late of filing.)  Effective date in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  Ind at least business  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is effectuted 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.	-	
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CLE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:	<del>-</del>	
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Signature:  Signature of s/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		
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Serguey Merino Typed or printed name of signee	t be listed	meet the applicable statutory filing requirements, this date will not be to f State's records.  Memy  member or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State.

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