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 : COMITER & SINGER, LLP

Account Number : 120000000008S Phone : (561)626-4742 Fax Number : (561)626-4742

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

Email Address: Corpora te @ Comiters in apr. Com

FLORIDA LIMITED LIABILITY CO. Method Merchant Holdings, LLC

Certificate of Status	
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
Method Merchant Holdings, LLC (Must contain the words "Limited Liability Contains the words")	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
Plantation, FL 33324	150 S. Pine Island Road, #530 Plantation, FL 33324
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	tered Agent's Signature: red Agent. You must designate an individual or

The name and the Florida street address of the registered agent are: Rotem Grosman 150 S. Pine Island Road, #530 Florida street address (P.O. Box NOT acceptable)

Plantation

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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LAB	Name and Address:
<u>itle:</u> AMBR" = Authorized Member	
= :::	
MGR" = Manager	Davis Ctorman
MGR	Rotem Grosman 150 S. Pine Island Road, #530
	Plantation, FL 33324
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	> <u>></u>
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EV: Effective date, if other than to	he date of filing:
EV: Effective date, if other than to crive date is listed, the date mus filling.) the date inserted in this block dothern's effective date on the Department's effective date effective date on the Department's effective date effective effective date effective effecti	es not meet the applicable statutory filing requirements, this date will retrient of State's records.
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EV: Effective date, if other than therefore date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Depa EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document:	of a member or an authorized representative of a member. s executed in accordance with section 505.0203 (1) (b), Florida Statute any false information submitted in a document to the Department of State degree felony as provided for in 5.817.155, F.S.

5 5.00 Certificate of Status (Optional)

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