Page: 2 of 4

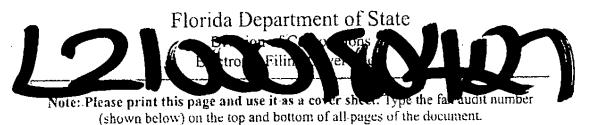
2021-04-26 19:36:09 GMT

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From: Yanet Avila

4/26/2021

Division of Corporations



(((H210001666493)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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. MERT LLC

Certificate of Status	0
Certified Copy	
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Estimated Charge	\$155.00

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Malling Address:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MERT 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:

10261 SW 72 ST SAME AS PRINCIPAL SUITE C-101 MIAMI FL 33173

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

Principal Office Address:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individue) or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

TRANSACTION ADVISORS & CONSULTANTS LLC
Name

8724 SUNSET DRIVE # 445
Florida street address (P.O. Box NOT acceptable)

 MIAMI
 FL
 33173.

 City
 State
 Zip

Having been named as registered agent and to accept service of process for the arrove stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered ogent 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 of registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager	
MGR	JOSE MARIA TAPIA FRANCO 10261 SW 72 ST SUITE C-101 MIAMI FL 33173
•	
(Use attachment if necessary)	
effective date is listed, the date must be te of filing.) If the date inserted in this block does no	are of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days a of meet the applicable statutory filing requirements, this date will not be list
cument's effective date on the Departme	nt of State's records.
REQUIRED SIGNATURE:	
This document is exe- I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 505.0203 (1) (b), Florida Statutes. lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
	TAPIA FRANCO

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$\text{S} 30.00 Certified Copy (Optional)}
\$\text{5.00 Certificate of Status (Optional)}