

11/27/2020
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Division of Corporations
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 : WHOLE TAX PROFESSIONAL SERVICES, INC.
Account Number : I20200000179
Phone : (786)253-9951
Fax Number : (305)397-1052

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

Email Address: wholotax@gmail.com

FLORIDA LIMITED LIABILITY CO.
MERCADOGAMES.COM, LLC

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

2020 NOV 30 AM 4: 52

FILED

2020 NOV 30 AM 10: 41

STATE
CORPORATE
DIVISION

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MERCADOGAMES.COM, 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:

Principal Office Address:

Mailing Address:

16141 BLATT BLVD UNIT 307
WESTON, FL 33326

16141 BLATT BLVD UNIT 307
WESTON, FL 33326

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:

WHOLE TAX PROFESSIONAL SERVICES, INC

Name

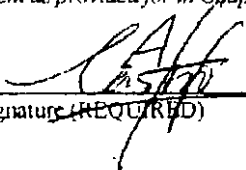
1800 SW 1ST ST SUITE 202

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33135

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)

2020 NOV 30 AM 4:52

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

LISIMACO A TRUJILLO SAAVEDRA
16141 BLATT BLVD APT 307
WESTON, FL 33326-1429

(Use attachment if necessary)

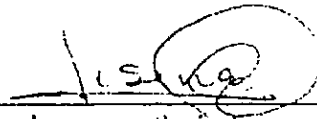
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



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.

LISIMACO A TRUJILLO SAAVEDRA
Typed or printed name of signee

Filing Fees:

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