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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

ma reve, llc

Certificate of Status	0
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03 MAR -4 PM 1:50
DIVISION OF CORPORATION

FILED
03 MAR -4 PM 3:24
STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

MA REVE, LLC

ARTICLE I

The name of the Limited Liability Company shall be: **MA REVE, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 3745 N.E. 171ST STREET, NORTH MIAMI BEACH, FL 33160.

ARTICLE IV

The name and the Florida street address of the registered agent are:
STEVEN ROSS, 3745 N.E. 171ST STREET, NORTH MIAMI BEACH, FL 33160.

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

MA REVE, LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

03 MAR 03
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SECTION
TALLAHASSEE
000

Steven Ross
Registered Agent

Steven Ross
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STEVEN ROSS
Typed or printed name of signee

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