

# L 12000003017

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8108  
Fax Number : (305) 402-2424

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Email Address: mf@abogadomiami.com

FLORIDA LIMITED LIABILITY CO.  
Marmara Properties LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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## FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Maggie Fleagle
DATE	2012-01-06 21:12:53 GMT
RE	Marmara Properties LLC

### COVER MESSAGE

alexis mayor, legal assistant  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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12 JAN -6 AM 8:28  
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ARTICLE I - Name:

The name of the Limited Liability Company is: **Marmara Properties LLC**

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 848 Brickell Key Drive, Unit # 4405, Miami, FL 33131.

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

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

Geoffrey M. Wayne, Esq.  
135 San Lorenzo Avenue  
PH 840  
Coral Gables, Fl 33146

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 608, F.S.

*Geoffrey M. Wayne*  
\_\_\_\_\_  
Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - That the Member and Officer of the Company is:

Jose A. Hurtado - Member/President

(An additional article must be added if an effective date is requested)  
*Geoffrey M. Wayne Authorized Representative*  
\_\_\_\_\_  
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.)

Geoffrey M. Wayne  
Typed or printed name of signee

- FILING FEES:**
- \$ 100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (OPTIONAL)
  - \$ 5.00 Certificate of Status (OPTIONAL)

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