Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000191463 3)))



H220001914833A5C

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

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

| Email | Address: |
|-------|----------|
| | |

FLORIDA LIMITED LIABILITY CO. 780 MARATHON RENTAL, LLC

NE CENTED

JUN-1 AM II: 12

GREATIONS

GREATIONS

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Limitity Company is: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Must contain the words "Limited Liability Company, "L.L.C.," or "ELC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| 12925 5 W. 1325 #5A 12925 5 W. 1325 #5A Micmi, Pl 32186 Micmi, Pl 32186 |
| 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: |
| Sady Torres |
| 12925 5-W-1305+ #574 Florida street address (P.O. Box NOT acceptable) |
| Mami PL 33186 |
| City State Zip |
| and not have named as period and a second se |

Flaving 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)

2022 JUN - 1 PH 9: 38

CAL : AND/GR VIDEO
FRANCHISING
FRANCHISING
FRANCHISING

Page: 4 of 4

| | 3R" = Authorized Member | Name and Address: |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "MQI | R" = Magager | a 11 |
| | AMBR | Chuillermo Torres Jr. |
| ل ـــ | 9mBR | Sady Tones 1975 H5A |
| | | |
| | | |
| | | |
| | | , |
| | | |
| Aire a | ttenhment if a a a a a a a | |
| ARTICLE V: E (If an effective of the date of filing | | pecific and cannot be more than five husiness days prior to or 90 days a |
| ARTICLE V: E (If an effective of the date of filing Note: If the dat | iffective date, if other than the dat late is listed, the date must be s .) a inserted in this block does not | pecific and cannot be more than five husiness days prior to or 90 days a |
| ARTICLE V: E (If an effective of the date of filing Note: If the dat the document's | effective thate, if other than the date is listed, the date must be s | pecific and cannot be more than five husiness days prior to or 90 days a |
| ARTICLE V: E (If an effective of the date of filing Note: If the dat the document's ARTICLE VI: C | iffective date, if other than the data fate is listed, the date must be s .) e inserted in this block does not effective date on the Departmen | pecific and cannot be more than five husiness days prior to or 90 days a |
| ARTICLE V: E (If an effective of the date of filing Note: If the dat the document's ARTICLE VI: C | iffective date, if other than the data date is listed, the date must be such a construction of the free date on the Department of the provisions, if any. [RED SIGNATURE: | pecific and cannot be more than five hasiness days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listent of State's records. |
| ARTICLE V: E (If an effective of the date of filing Note: If the dat the document's ARTICLE VI: C | iffective date, if other than the data date is listed, the date must be such a construction of the inserted in this block does not defective date on the Department other provisions, if any. IRED SIGNATURE: Signature of a man of the department is executed as the comment is executed. | pecific and cannot be more than five husiness days prior to or 90 day |

MINISTRANCHISING

LAGLE AND/OR VIDEO
FRANCHISING
DIVISION OF CRISING
DIVISION OF CRISI