Florida Department of State Division of Corporations

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Division of Corporations E&E0-205(02&):¢ Fax Number

From:

Account Name FILINGS: INC. 40400057570 Account Number (850)385-4735 Phone Fax Number くちちゅうちゅうしゅうき

LIMITED LIABILITY COMPANY

MARBAY OF HALLANDALE, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Marbay of Hallandal	la, LLC			
ARTICLE II - Ac The mailing addre		ress of the princip	oal office of the Limited Liab	ility Company is
Principal Office A	Address:		Mailing Address:	EC En
26 Diplomat Parkwa	у		415 Holiday Drive	
Hallandale, FL 3300	99		Heilandale, FL 93009	m C
				 9 5
ARTICLE III - R The name and the	Florida street add	iress of the regist	ice, & Registered Agent's Stered agent are:	ignature:
		iress of the regist		ignature:
	Florida street add	iress of the regist in Name		ignature:
	Florida street add Martin E, Feldma	iress of the regist in Name	ered agent are:	ignature:
	Florida street add Martin E, Feldma	iress of the regist in Name treet, Suite 200 ect address (P.O. Bor	NOT acceptable)	ignature:
	Florida street add Martin E. Feldma 1930 Harrison St Florida stre	in Name	NOT acceptable)	ignature:
The name and the or been named as regions at the place design to act in this capacity. complete performance	Florida street add Martin E. Feldma 1930 Hatrison St Florida stre Hollywood, istered agent and intated in this certification of the content of my duties, and	Iress of the regist Name Name treet, Suite 200 ct address (P.O. Bor City, State, and Zi to accept service ificate, I hereby at o comply with the I am familiar set	NOT acceptable)	l limited liability tered agent and ling to the proper

Page 1 of 2 (CONTINUED) H0400061151

ARTICLE IV-Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Me

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Maria Morales	
	415 Holiday Drive Hallandale, FL 33009	**************************************
		O4 M/R 23
		177 f-+
		
(Use attachment if necessary)	•	SP-Id SP-Id 91:49

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Maria Morales

Typed or printed name of signee

Filing Fees:

3100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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