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PLAS E A AS UTICS E F COMP TING IIS FORM. LITELU III Y FLORIDA DEPARTMENT OF STALE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # L01000011972 1. Limited Liability Company's Name MARIRO HOLDINGS, LLC.	· .
2. Principal Office Address 801 Brickell Bay Drive 3006 Aviation Avenue 4. State/Country of Formation	
Suite, Apt. #, etc. Florida/United States	
Suite 968 Suite 2A Suite 35. Date Organized or Qualified To Do Business in Florida 07/20/01	.
Miami, Florida Miami, Florida 6. FEI Number Applied Not App	
Zip Country Zip Country 33131 U.S.A. 3313 3 USA 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee for a Certificate of	required
8. Name and Address of Current Registered Agent	
Florida Corporate Services, LLC.	
Street Address (P.O. Box Number is Not Acceptable) 3006 Aviation Avenue 500021515585	തത
Suite, Apt. #, Etc. Suite 2A /	.ນບ
City Miami Zip Code 33133	
9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	5041 (10/02)
Signature of Registered Agent	CRZE041
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers	°
Titles Name of Street Address of Each City/Street 779	
Managing Members/ Managers Managing Member/ Manager Say / State / Lip	
MGRM Ricardo Casco 801 Brickell Bay Drive, Unit 968 Miami, Florida 33131	
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DEINSTATEMENT ACCOUNT	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that w filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and	nen that
all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal as if made under oath.	effect
Signature of Managing Member/Manager Date 6/4/03 Daytime Phone # 305.375.9510	
RICARDO N. CASCO	