

Florida Department of State
Division of Corporations
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(((H04000040968 3)))

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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

MARRERO & ASSOCIATES, LLC

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

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Corporate Filing

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 25, 2004

EMPIRE

SUBJECT: MARRERO & ASSOCIATES, LLC
REF: W04000007928

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 23 PM 4:17

FILED

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the names and street addresses of the members or managers of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

FAX Attn. #: H04000040968
Letter Number: 004A00012706

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W040000040968

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARRERO & ASSOCIATES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1418 AUTUMN DR

TAMPA, FL 33613

Mailing Address:

1418 AUTUMN DR

TAMPA, FL 33613

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

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

CONTAXGONZALEZ SERVICE CORP

Name

4142 W OAKRIDGE RD STE 102

Florida street address (P.O. Box NOT acceptable)

ORLANDO

FLORIDA 32809

City, State, and Zip

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, Florida Statutes.

[Signature]
Registered Agent's Signature

Page 1 of 2
(CONTINUED)

1418 AUTUMN DR

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RECORDING & STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

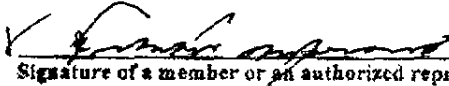
Name and Address:FERMIN MARRERO
MANAGER1418 AUTUMN DR
TAMPA, FL 33613

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAR 23 PM 4:17

FILED

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.)

FERMIN MARRERO

Typed or printed name of signer

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)