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## LIMITED LIABILITY COMPANY

### malig group llc

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00





# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

#### MALIG GROUP LLC

#### ARTICLE I

The name of the Limited Liability Company shall: MALIG GROUP LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 10556 NW 26<sup>TH</sup> STREET, SUITE D-101, DORAL, FL 33172.

#### ARTICLE IV

The name and address of the Managing Member(s) of this company:

Managing Member

ALEX FRANCISCO MUNOZ ARANGUREN 10556 NV

10556 NW 26TH STREET

SUITE D-101

DORAL, FL 33172

Managing Member

VINCENZO CARMELO NATALE

10556 NW 26TH STREET

SUITE D-101

DORAL, FL 33172

Managing Member

MABEL RAMONA DELGADO

10556 NW 26<sup>TR</sup> STREET

SUITE D-101

**DORAL, FL 33172** 

#### ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26 STREET, C-201, DORAL, FL 33172.

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#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

#### MALIG GROUP LLC

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Registered Agent

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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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