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SECTION STATE STATE TALLAHASSHE, FLORIDA

5 DEC 12 PH 3:



COVER LETTER

TO: Registration So Division of Co			
_{SUBJECT:} Maribo	ob LLC		
	(Name of Limited	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Robert Pi	rieto		
	(1	Name of Person)	
Maribob I	LC		
	(Firm/Company)	
5754 S.V	V. 146 Court		
		(Address)	
Miami, F	T 33183		
-	(City	/State and Zip Code)	<u> </u>
For further information	concerning this matter, please	call:	
	-		200
Robert Prieto	e of Person)	at (786) 326-32 (Area Code & Daytime 7	Celephone Number)
(142IIIe	e of reison)	(Alea Code & Dayanie	rereptione (value)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons — r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PPPPARTUR NAME

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Maribob LLC			
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited Liability Comp	any is:		
Principal Office Address: Mailing Address:			
5754 S.W. 146 Court			
Miami, Fl 33183	0		
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 anofiber business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Robert Prieto Name	05 DEC 12 PM 3: 36		
5754 S.W. 146 Court Florida street address (P.O. Box NOT acceptable)			

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	Robert Prieto 5754 S.W. 146 Court Miami, Fl 33183
MGR	Maria Trujillo 9901 S.W. 30th Terrace Miami, FI 33165
(Use attachment if necessary ARTICLE V: Effective date, if other (If an effective date is listed, the date to or 90 days after the date of filing.)	r than the date of filing: 12/09/2005 . (OPTIONAL) e must be specific and cannot be more than five business days prior
(In accordan of this docur that the fac	f a member or an authorized representative of a member. Ince with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.)
Robert Pr	rieto

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)