

Division of Corporations

**LD6000038562**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****RIVAS & MARECO SERVICES, LLC.**

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF

**RIVAS & MARECO SERVICES, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

**RIVAS & MARECO SERVICES, LLC.**

ARTICLE II - ADDRESS

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

**2112 SW 17 AVE  
MIAMI, FL. 33145**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

**MARTIN RIVAS**

**2112 SW 17 AVE**

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

**MIAMI, FL. 33145**

City, State, and Zip

*Berriz & Giraldo P.A.  
4080 SW 84 Ave  
Miami, FL. 33155.  
(305) 4259300.*

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TALLAHASSEE, FLORIDA

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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

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARTIN RIVAS  
2112 SW 17 AVE  
MIAMI, FL 33145

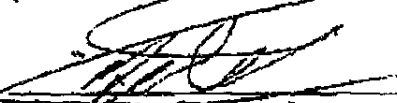
MANAGER

LAURA MARECO  
2112 SW 17 AVE  
MIAMI, FL 33145

MANAGER

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TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested)



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.)

**MARTIN RIVAS**

Typed or printed name of signee

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