L0600069751

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	_	
☐ PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
	•	
Certified Copies	Certificates	of Status
Special Instructions to I	-iling Officer:	
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Office Use Only



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O6 JUL 12 PM 2: 21
SECRETARY OF STATE

COVER LETTER

Division of Co			
SUBJECT: Marin 8	& Associates LLC		
	(Name of Limite	ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	ter to the following:	
Carmen M			
	((Name of Person)	
Marin & As	sociates LLC	•	
		(Firm/Company)	
4590 N. J	efferson Avenue		
		(Address)	
Miami Bea	ach, FL 33140		
	(City	y/State and Zip Code)	
For further information	concerning this matter, please	e call:	
Carmen Marin F	ruit	at (786) 269-6900 PE S	EMERICA
(Name	e of Person)	(Area Code & Daytime Telephone Number)	MANAGEMENT .
Enclosed is a check for	or the following amount:	SSEE, PI	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$155.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)	U
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Marin & Associa					
Must end with the w	ords "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC," o	or "L.C.,")		
ARTICLE II -	Address:				
		of the principal office of the Limited Liab	oility Company is	;:	
		P	• •		
Principal Office Address:		Mailing Address:			
4590 N. Jefferson A	Avenue	4590 N. Jefferson Avenue			
Miami Beach, FL 3:	* * * * * * * * * * * * * * * * * * * *	Miami Beach, FL 33140			
•	an active Florida registration.)	s of the registered agent are:			
The name and u	ie i fortua street addres	or me region of agent me -			
The hame and u	Carmen Marin Fruit		06 SE TAL		
The name and u		Name	06 JL SECR TALLA	Ŧ	
The name and u	Carmen Marin Fruit	Name		T	
The name and u	Carmen Marin Fruit 4590 N. Jefferson	Name Avenue	06 JUL 12 SECRETARY	T	
The name and u	Carmen Marin Fruit 4590 N. Jefferson	Name Avenue a street address (P.O. Box <u>NOT</u> acceptable)	JUL 12 P CRETARY O CAHASSEE	T	
	Carmen Marin Fruit 4590 N. Jefferson Florida Miami Beach,	Name Avenue a street address (P.O. Box <u>NOT</u> acceptable) FL 33140	JUL 12 P CRETARY O CAHASSEE	T	
	Carmen Marin Fruit 4590 N. Jefferson Florida Miami Beach,	Name Avenue a street address (P.O. Box <u>NOT</u> acceptable) FL 33140 ity, State, and Zip	JUL 12 PM 2: 2 CRETARY OF STATE AHASSEE, FLORE	-	
Having been n	Carmen Marin Fruit 4590 N. Jefferson a Florida Miami Beach, Ci camed as registered agen	Name Avenue a street address (P.O. Box NOT acceptable) FL 33140 ity, State, and Zip nt and to accept service of process for the all	JUL 12 PM 2: 2 limited CRETARY OF STATES and LORIDA	-	
Having been n	Carmen Marin Fruit 4590 N. Jefferson Florida Miami Beach, Ci camed as registered agen upany at the place design	Name Avenue a street address (P.O. Box <u>NOT</u> acceptable) FL 33140 ity, State, and Zip and to accept service of process for the almated in this certificate, I hereby accept the	JUL 12 PM 2: 2 Flatted limited appointment as	d	
Having been n liability com registered agen	Carmen Marin Fruit 4590 N. Jefferson Florida Miami Beach, Ci amed as registered agent apany at the place design and agree to act in this	Name Avenue a street address (P.O. Box <u>NOT</u> acceptable) FL 33140 ity, State, and Zip at and to accept service of process for the almated in this certificate, I hereby accept the is capacity. I further agree to comply with the	JUL 12 PM 2: 2	d d	
Having been n liability com registered agen statutes relati	Carmen Marin Fruit 4590 N. Jefferson Florida Miami Beach, Ci amed as registered agen apany at the place design at and agree to act in this and to the proper and con	Name Avenue a street address (P.O. Box <u>NOT</u> acceptable) FL 33140 ity, State, and Zip and to accept service of process for the almated in this certificate, I hereby accept the	JUL 12 PM 2: 2 The CRETARY OF STATES appointment as the provisions of a familiar with and	d d	

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Carmen Marin Fruit 4590 N. Jefferson Avenue Miami Beach, FL 33140 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Typed or printed name of signee

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)

Carmen Marin Fruit

that the facts stated herein are true.)