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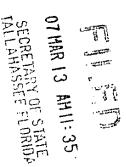
(Requestor's Name)
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	MARTYR INVESTMENTS LLC	<u>_</u>	
	(Name of Limited Liability Company)		
The e	nclosed Articles of Organization and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	MARSHA SIHA		
	(Name of Person)		
	INCFILE.COM LLC	O7 HAR SECRET	£.3332
	(Firm/Company)	77 R	-22
	14027 MEMORIAL DRIVE #110	35 A	바
	(Address)	- 10 3	, ,
	HOUSTON, TX 77079	ANIII: 35 DI STATE FELORIDI	\$
	(City/State and Zip Code)		
For fu	erther information concerning this matter, please call:		
MAF	RSHA SIHA at (888) 462-3453 X 555	ı	
	(Name of Person) (Area Code & Daytime Telephone No	umber)	
Enclo	osed is a check for the following amount:		
\$12	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	0.00 Filing Fee, cate of Status & ed Copy al copy is enclosed)	
	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

ARTICLE I -						
The name of th	ne Limited Liability C	Company is:				
MARTYR INVE	ESTMENTS LLC					
(Must end with the	words "Limited Liability Cor	mpany, "Limited C	ompany" or their abbreviation	"LLC," or "L.C.,"	")	
ADTICLE II	A J J					
ARTICLE II		ess of the princ	ipal office of the Limit	ted Liability C	'omnany	is.
The maning ac	idioss and street addre	ess of the princ	ipai office of the Ellini	.ca Elaointy C	Ompany	10,
Principal Offi	ce Address:	<u> </u>	Mailing Address:			
4024 NW 87TH A	VENUE, SUNRISE, FL 33	3351			<u>.</u>	
					_	
					_	
(The Limited Liabil		s its own Registered	ffice, & Registered A			
The name and	the Florida street addı	ress of the regi	stered agent are:			
	KYLE LAVENDE	R		FA!	s o	
		Name		 A	7H ECR	وستبيع
	873 WEST BAY	DRIVE, SUIT	E 105	HAS	O7 MAR 13	3 [
	Flor	orida street addres	s (P.O. Box NOT acceptab	le)	\mathbb{R}^{N}	्रिक ार्यः त
	LARGO	F	L 33770		AHII: 3	TE
		City, State, and	Zip		₹ 	#17001;
Having been	named as registered ag	gent and to acc	ept service of process fo	or the above sta	åted-Nmil	ted
•			certificate, I hereby acc			
			I further agree to compl rmance of my duties, ar			
	·		rmance of my aunes, ar red agent as provided fo			ч

(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:

MGRM	SUSAN MARKS	
	6402 SOUTH WEST 160TH AVE APT 526	
	PEMBROKES PINES, FL 33027	
MGRM	VLADIMIR CACERES	
	1181 NE 161 ST. TERR	
	NORTH MIAMI, FL 33162	
MGRM	WILLIE ABAD	FALSE
	227 AUDUBON AVE. APT 42	CRI
	NEW YORK, NY 10003	HA:
		SSE
SEE ATTACHED		
		UORIDA
(Use attachment if necessary)) DE
TEV: Effective data if other than	the date of filing:	(OPTIONAL)

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.)

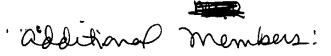
MARSHA SIHA - ORGANIZER

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)



1	Ariel Garcia	4024 NW 87th Ave. Sunrise, FL 33351
2	Daymon Medina	79 Haverhill St. Lawrence, MA 01841
3	Jacques Telfort	451 NE 43 St. Pampano Beach, FL 33064
4	Joel Pimentel	5037 Washington St. Apt 3 Boston, MA 02132
5	Jonathan Medina	4024 NW 87th Ave. Sunrise, FL 33351
6	Jose Javier	130 South Policy St Salem, NH 03079
7	Kelvin Rodriguez	11060 SW 14th St. Apt:614c Miami, FL 33174
8	Maxi Arias	2440 East Preserve Wy #207 Miramar, FL 33025
9	Maxine Dube	126 Rockland Drive Brockton, MA 02301

SECRETARY OF STATE TALLAHASSEE FLORIDA 07 MAR 13 AM 11:35