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COVER LETTER

Division of Corporations							
SUBJECT: MARA	UDER ONE LLC						
	(Name of Limite	d Liabili	ty Con	npany)	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles o	f Organization and fee(s) are s	submitted	for fil	ing.			
Please return all corresp	ondence concerning this matte	er to the	followi	ng:			
Cooper J	anik						
		Name of	Person)				
	((Firm/Cor	npany)				
521 Phill	ips Drive			<u> </u>			
	•	(Addro	ess)				
Boca Ra	ton FI 33432						
	(City	/State and	l Zip Co	ode)			
For further information	concerning this matter, please	call:					
Cooper Janik		at (56	61	₎ 361-41	32		
(Name	of Person)	(Arca C	ode & Daytime To	elephone Number)		
Enclosed is a check for	or the following amount:						
S125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certif	ied Co	Filing Fee & opy on is enclosed)	S160.00 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		Registr Division Clifton 2661 E	Courier Address ation Section on of Corporation Building executive Center assec, FL 32301	ns		



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Marauder One 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	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
521 Phillips Drive	521 Phillips Drive
Boca Raton Fl	Boca Raton FI
33432	33432
	ASS AND
	Name Eq. 3
521 Phillips Drive Florida st	treet address (P.O. Box NOT acceptable)
Boca Raton	FL 33432

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.

City, State, and Zip

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" = Managii	ng Member		
MGR		Cooper Janik	·
		521 Phillips Drive	
		Boca Raton Fl 33432	MA And Marketine
		·	<u> </u>
			
(Use attachment if no	ecessary)		
ARTICLE V: Effective date		÷ ————	(OPTIONAL)
(If an effective date is listed, to or 90 days after the date of		ecific and cannot be more than five b	usiness days prior
BEOLUMOD CLON	A CTUDE		O7 !
<u>REQUIRED</u> SIGNA	AIUKE:		新
(γ	_	R 20 PH
Sig	nature of a member or	an authorized representative of a member	
of	accordance with section this document constitutes hat the facts stated hereir	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	FILED HAR 20 PH 2: 31 ECRE I AKY OF STATE LLAHASSEE, FLORIDA
· C	ooper Janik		
		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)