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(Re	equestor's Name)	
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SECRETARY OF STATE
ANASSEE FLORIDA

COVER LETTER

Division of Co			
SUBJECT:	Mariapia (Name of Limite	Collection d Liability Company)	LLC
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
La	ora Bucco	ollah. Name of Person)	
·			-
	(Firm/Company)	AS O7
1000	Venetian	(Address)	AHAS
ار در	. '	2313 <i>a</i>	RY OF SSEELF
	City.	/State and Zip Code)	S ATF
For further information	concerning this matter, please	call:	· · · · ·
Laura Bu (Name	of Person)	at (305) 753 (Area Code & Daytime Te	clephone Number)
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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compan	y is:
Mariania	Collection 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	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1000 Venetian Way Miani, FL 33139	- Same-
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	
Laura	Buccellah ARETAN - 8 TOWN SEE
	et address (P.O. Box NOT acceptable)
Miani City, S	FL 33/39 D.N 22 tate, and Zip
**	

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Mariapia Buccellati 1000 Venetian Way Nuani, FL 33139
·	
(Lise attachment if necessary)	
(Use attachment if necessary) CLE V: Effective date, if other than a offective date is listed, the date must	
CLE V: Effective date, if other than reflective date is listed, the date mus 0 days after the date of filing.)	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days pri
CLE V: Effective date, if other than reffective date is listed, the date mus 0 days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days pri
CLE V: Effective date, if other than reffective date is listed, the date mus to days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document co	t be specific and cannot be more than five business days pri

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)

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