

LD800000079167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 22 2008

**EXAMINER**

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2008 JAN 22 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORSARO & ASSOCIATES CO., LPA**

**28039 CLEMENS ROAD  
WESTLAKE OH 44145  
(440) 871-4022/TELEPHONE  
(440) 871-9567/FACSIMILE**

January 18, 2008

**VIA UPS 1Z F60 R31 01 9292 5836**

FLORIDA DEPARTMENT OF STATE  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: MarinaBlue 3612, LLC

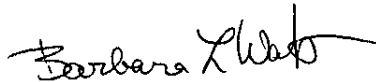
Dear Sir or Madam:

Enclosed for filing are the following:

- 1) Articles of Organization and Designation of Registered Agent form for the above-referenced entity;
- 2) Cover Letter indicating that we are requesting a Certificate of Status; and
- 3) A check in the amount of \$130.00.

If you have any questions, please contact the undersigned.

Sincerely,  
CORSARO & ASSOCIATES CO., LPA



By: Barbara L. Watson, Paralegal to  
Mark A. Kikta, Esq.

MAK/blw  
Enclosures

cc: Mr. Al Buccieri (w/encls.)  
Mr. Saji T. Daniel (w/o encls.)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MarinaBlue 3612, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Mark A. Kikta, Esq.**

(Name of Person)

**Corsaro & Associates Co., LPA**

(Firm/Company)

**28039 Clemens Road**

(Address)

**Westlake, OH 44145**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Mark A. Kikta, Esq.**

(Name of Person)

at ( **440** ) **871-4022**

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MarinaBlue 3612, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

7917 Fisher Island Drive  
Miami, FL 33109

**Mailing Address:**

7917 Fisher Island Drive  
Miami, FL 33109

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Saji T. Daniel

Name

7917 Fisher Island Drive

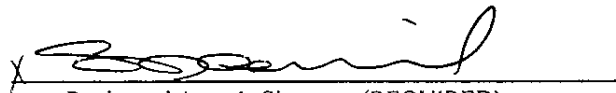
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33109

FL

City, State, 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)

Saji T. Daniel

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Saji T. Daniel

7917 Fisher Island Drive

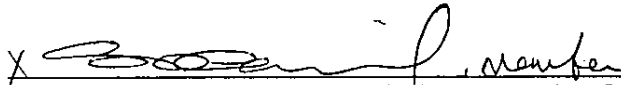
Miami, FL 33109

(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:**

X   
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.)

**Saji T. Daniel**

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)

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2008 JAN 22 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA