

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

Effective Date 03/12/08

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305) 444-4994
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MARPACH ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	1
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T. HAMPTON

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

ARTICLE I -

Name: The name of the Limited Liability Company is:

Effective Date

03/12/08

MARPACH ENTERPRISES, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

**16981 73 CT NORTH
LOXAHATCHEE, FL 33470**

**16981 73 CT NORTH
LOXAHATCHEE, FL 33470**

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:

ANA MARIA PACHECO

Name

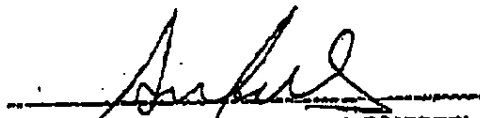
16981 73 CT NORTH

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

LOXAHATCHEE, FL 33470

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)

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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

ANA MARIA PACHECO

16981 73 CT NORTH

Loxahatchee, Fl 33470

MGR

MARIA VICTORIA PONCE MARTINEZ

16981 73 CT NORTH

Loxahatchee, Fl 33470

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing **March 12, 2008**
(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 that the facts stated herein are true.)

ANA MARIA PACHECO

Typed or printed name of signer

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