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TO ACKNOWLEDGE SUFFICIENCY OF FILING 2009 DEC 10 AH IN

DEPARTMENT OF STATE
VISION OF CORPORATIONS

09 DEC 10

FILEO SECRETARY OF STATE VISION OF CORPORATIONS

B. KOHR

DEC 1 0 2009

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

OOK TO CONDONITION

PORATION NAME(S) & DOC	UMENT NUMBER(S),	Office Use Only (if known):
	PROPERTIE	S, LLC
(Corporation Name)	(Document #)	
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
W FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other		of R.A., Officer/Director egistered Agent Vithdrawal
THER FILINGS	REGISTRATIO	N/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partr Reinstatemen Trademark Other	
	,	Examiner's Initials

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
MARROM PROP	ERTIES, LLC	
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
14515 SW 120 STREET	14515 SW 120 STREET	
MIAMI, FL 33186	MIAMI, FL 33186	
The name and the Florida street address	A SOLEDAD MELENDEZ	
	Name	
14515 SW 120 STREET		
MIAMI,	street address (P.O. Box <u>NOT</u> acceptable)	
	FL 33180 7, State, and Zip	
liability company at the place designa registered agent and agree to act in this o statutes relating to the proper and comp	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S	
\mathcal{A}	Algent's Signature	
Registered	1 Agent's Signature /	

(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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MARIA SOLEDAD MELDENDEZ 14515 SW 120 STREET MIAMI, FL 33186
MGRM	RAMON MeleNDEZ 14515 SW 120 STRED Miani, Th. 33186
	Hialeah, FI 33012
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of (In accordance with section of this document constitute	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
that the facts stated here	in are true.)

Typed or printed name of signee