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To:	AND
	Division of Corporations
	Fax Number : (850)617-6383
From:	THE STATE OF THE S
	Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ FRAGA, E
	En mars Print
	Phone : (305)444-6226
	Fax Number : (305)442-4829
**Enter the	email address for this business entity to be used for future
annual	l report mailings. Enter only one email address please.**

## FLORIDA LIMITED LIABILITY CO. MARCOMIAMI, LLC.

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### ARTICLES OF ORGANIZATION

### <u>OF</u>

### MARÇOMIAMI, LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

# ARTICLE I

The name of this Limited Liability Company is: MARCOMIAMI LLC.

# ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

## ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

# ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 6931 HOLLY RD, MIAMI LAKES, FL 33014. The Managers may from time to time move the principal office to another address in Florida.

# ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That MARCOMIAMI LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of

#### H11000240955 3

Miami Dade, State of Florida, hereby designates LYNN REN, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 6931 HOLLY RD, MIAMI LAKES, FL 33014.

## ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be:

### JIA ZHAO of 6931 HOLLY RD, MIAMI LAKES, FL 33014

September, 2011.	al of the Manager in Coral Ga	ables, Florida, the	g day of	
	The Man	ager:		
	JIA ZHA	Made .	OCT -4 AM DO CRETARY OF S	- Contract of the Contract of
STATE OF FLORIDA	) ) SS:		STATE STATE	Mine on "

PERSONALLY appeared before me, JIA ZHAO, as Manager of MARCOMIAMI LLC, for and on behalf of the entity, who produced <u>for above the same of the entity</u> as identification or is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

)

WITNESS my hand and seal at Miami-Dade County, Florida this 3d day of September, 2011.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My commission expires:

COUNTY OF MIAMI-DADE



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That MARCOMIAMI LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named LYNN REN, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 6931 HOLLY RD, MIAMI LAKES, FL 33014.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Registered Agent

Lynnken

Date: September 3

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