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To:

Division of Corporations

Fax Number : (850) 617-6383

Account Name

From:

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (212)431-5000 Fax Number : (212)431-1441

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

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SECRETARY OF STATE B

## FLORIDA LIMITED LIABILITY CO.

## Marea 301 LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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J. SAULSBERRY
EXAMINER

MAY 3 2013 5/2/2013

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Marea 301 LLC				
	Liability Company, "L.L.C.," or "LLC.")			
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ARTICLE II - Address:				
The mailing address and street address of the	ne principal office of the Limited Liability	y Comp	any is:	
Principal Office Address:	Mailing Address:			
Time par office regards	113311112 4.1401 4.141	7	~	
Attn: Law Office of Leonardo Heldner, PC	Attn: Law Office of Leonardo Heldner, PC		9	
115 West 45th Street, Suite 606	115 West 45th Street, Suite 606	3> 70	- 3 <b>3</b> €	-Mary Comme
New York NY 10036	New York NY 10036		<b>≯</b>	3 (
New York NY 10036	New York NY 10038	10.2	2013 MAY -	***************************************
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New York NY 10036  ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Sign	another	-2	*******
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ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of BLUMBERGEXCELSIOR	ered Office, & Registered Agent's Sign Registered Agent. You must designate an Individual or the registered agent are:	another	-2 AH 8:3	******
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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..

ABST. Secretary Jose Mojica

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address: er	
MGRM	Moorish Group Limited	
Applications of the control of the c	De la Plaine House, No. 28 Parilament Street	
	P.O. Box N-10697, Nazasu, Behamas	
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ffective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE:  X Signature of a dictional content of this documents.	a member or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true.)	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: