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(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

_{suвлест:} Marus Technology

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:

For further information concerning this matter, please call:

Jorge Luis Marusic at (786) 355-9879

Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Marus Technology LLC		 _
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
4360 NW 107th Ave, Apt 202	4360 NW 107th Ave, Apt 202	
Doral, Florida 33178	Doral, Florida 33178	
Jorge Luis Marusic 4360 NW 107th Ave, Ap	Name of 202 a street address (P.O. Box <u>NOT</u> acceptable)	PM 5: 23 OF STATE EFLORIDA
	Doral, Florida 33178	
	City, State, and Zip	
liability company at the place design registered agent and agree to act in th all statutes relating to the proper and	at and to accept service of process for the nated in this certificate, I hereby accept his capacity. I further agree to comply well complete performance of my duties, and ion as registered agent as provided for the complete performance of my duties.	the appointment as with the provisions of ad I am familiar with

(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:

"MGR" = Manager "MGRM" = Managing Member	
MGR	Jorge Luís Marusic
	4360 NW 107th Ave, Apt 202
	Doral, Florida 33178
	77 12 E
	September 1
	A#* To .
	<u> </u>
(Use attachment if necessary)	
LE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE:	n the date of filing: (OPTION nust be specific and cannot be more than five busing.)
LE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filin recorded at a signature of a median constitutes an affirmation of a may are that any false in constitutes a third degree for the signature of a median and the signatur	ember of an authorized representative of a member. 1. (OPTION must be specific and cannot be more than five busin g.) 1. (OPTION must be specific and cannot be more than five busin g.) 1. (OPTION must be specific and cannot be more than five busin g.) 1. (OPTION must be specific and cannot be more than five busin g.) 1. (OPTION must be specific and cannot be more than five busin g.)
CLE V: Effective date, if other than effective date is listed, the date is or 90 days after the date of filin REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation of a management of the constitutes an affirmation of a management of the constitutes and affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constitutes and affirmation of the constitutes are affirmation of the constit	ember of an authorized representative of a member. 1. (OPTION must be specific and cannot be more than five busin g.) 1. (OPTION must be specific and cannot be more than five busin g.) 1. (OPTION must be specific and cannot be more than five busin g.) 1. (OPTION must be specific and cannot be more than five busin g.) 1. (OPTION must be specific and cannot be more than five busin g.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)