

# U13000134231

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H130002116273)))



H130002116273A5CX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
914 MARSEILLE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FILED  
2013 SEP 23 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
13 SEP 23 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 24 2013

T CLINE

H13000211627

# ARTICLES OF ORGANIZATION OF 914 Marseille LLC

**ARTICLE I NAME**

The name of the Limited Liability Company shall be:  
914 Marseille LLC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
8181 NW 36<sup>th</sup> Street Suite 20C Miami FL 33166

**ARTICLE III PURPOSE**

This corporation shall have perpetual existence and may engage in any and lawful business under the laws of the United States in the State of Florida.

**ARTICLE IV REGISTERED AGENT**

The name and Florida Street address of the initial registered agent is:  
ROBERTO BRACHO 8181 NW 36<sup>th</sup> Street Suite 20C Miami FL 33166

*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 register agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature

**ARTICLE V MANAGER**

The name and address of the person is:  
JEANNETTE FACIOLINCE - GENERAL MANAGER MEMBER  
8181 NW 36<sup>th</sup> Street Suite 20C Miami FL 33166

**ARTICLE VI MEMBERS**

JEANNETTE FACIOLINCE - MANAGING MEMBER  
YALORDE NIEVES - MANAGING MEMBER

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization, in compliance with Chapter 608.408(3) of the Florida Status, this 1st day of September of the year 2013.

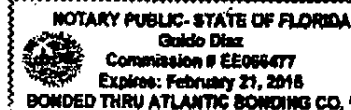
  
JEANNETTE FACIOLINCE  
General Manager

STATE OF FLORIDA  
COUNTY OF DADE

BEFORE ME, A Notary Public authorized to take acknowledgements in the state and county set forth above, personally appeared Jeannette Faciolince to me and known by me to be the person who executed the foregoing Articles of Organization,

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in this state and county aforesaid on this 1st Day of September of the year 2013.

  
NOTARY PUBLIC



H13000211627

2013 SEP 23 AM 8:17  
STATE  
FALLS  
FLORIDA

FILED