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SECLEDAY CONTROL
TALLAHASSET FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: MAR MAR HOLDINGS, LLC Name of Lir	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	VIVIANIVECA	p	
	VIVIAN VEGA	Name of Person	-
	MAR MAR HOLDINGS LLC	Firm/Company	
		rim/Company	
	6601 SW 71 AVENUE	Address	
	MIAMI, FL 33143	City/State and Zip Code	<u>.</u>
	IVIANAMADIAEI VIDA TV	d for future annual report notifica	tion)
For fur	ther information concerning this matter, plea	ase call:	
VIVIA	N VEGA at (305) 970-8654 Area Code Daytime Tel	ephone Number
Enclos	ed is a check for the following amount:		
É \$125.0	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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MAR MAR HOLDINGS, LLC (Must end with the words "Li	mited Liability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	inal office of the Limited Lightlity Co	mnany is
Principal Office Address:	Mailing Address:	mpany is.
The office standers	Attaining Tautoposis	
6601 SW 71 AVENUE	6601 SW 71 AVENUE	
MIAMI. FL 33143	MIAMI. FL 33143	<u> </u>
The Limited Liability Company cannot serve as its another business entity with an active Florida regis. The name and the Florida street address of the regi	stration.)	signate an individual or
VIVIAN VEGA		
	Name	
13209 SW 10 LANE		
Florida street address (P.C	D. Box <u>NOT</u> acceptable)	
MIAMI	FL 33184	
City	Zip	
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept to	accept the appointment as registered a isions of all statutes relating to the prop	gent and agree to act in this per and complete performance
		. O. Ze
Registered Agent's	Signature (REQUIRED)	
(CON	TINUED)	<u> </u>
P _N g	æ1of2	EM DE 35

MARLEN ABRAHANTES	
6601 SW 71 AVENUE	
MIAMI, FL 33143	
MARIA ELVIRA SALAZAR	
MIAMI, FL 33143	
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	6601 SW 71 AVENUE MIAMI, FL 33143

ARTICLE IV-