

**L 14000154929**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (786) 409-5946

\*\*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.  
M.A.R.3 PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
14 OCT - 2 AM 8:25  
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81930

*Please file on the day that was fax 10/2/14*

*re fax 10/3/14*

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*6/03  
10/16/14*



October 3, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: M.A.R.3 PROPERTIES, LLC  
REF: W14000060353

*Please make sure the name  
of company is correct.  
M.A.R.3 Properties, LLC*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Elliott R McCaskill  
Registration Specialist II

FAX Aud. #: H14000231398  
Letter Number: 814A00021176

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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P.O. BOX 6327 - Tallahassee, Florida 32314

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(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

M.A.R.3 PROPERTIES, LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:  
The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>3001 EAST 11TH AVENUE</u>	<u>9750 NW 27TH AVENUE</u>
<u>HALEAH, FL 33189</u>	<u>MIAMI, FLORIDA 33147</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

<u>IRAIDA VERA</u>	Name
<u>9750 NW 27TH AVENUE</u>	Florida street address (P.O. Box <u>NOT</u> acceptable)
<u>MIAMI</u>	City
<u>FL 33147</u>	Zip

*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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR/MGR

Name and Address:  
IRAIIDA VERA  
9750 NW 27TH AVENUE  
MIAMI, FLORIDA 33147

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Iraida Vera

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Iraida Vera  
Typed or printed name of signee

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

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STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA