

**L15000051555**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CLARA GIRALDO, P.A.  
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Phone : (305)485-9300  
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 15 MAR 24 PM 1:57  
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 TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
DIMARCHENA 403, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

15 MAR 24 AM 10:00  
 RECEIVED  
 DIMARCHENA 403, LLC

**FILED MAR 25 2015**

H15 0000 742853

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**DIMARCHENA 403, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**DIMARCHENA 403, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**100 FONTAINEBLEAU BLVD # 403  
MIAMI, FL. 33172**

The mailing address shall be:

**100 FONTAINEBLEAU BLVD # 403  
MIAMI, FL. 33172**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**IHOSVANY MARCHENA**

**100 FONTAINEBLEAU BLVD # 403**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33172**

City, State, and Zip

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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 605, F.S..

  
REGISTERED AGENT'S SIGNATURE

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**IHOVANY MARCHENA**  
**100 FONTAINEBLEAU BLVD # 403**  
**MIAMI, FL. 33172**

**MANAGER**

(An additional article must be added if an effective date is requested)

  
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.)

**IHOVANY MARCHENA**

Typed or printed name of signer

**THE STOCKHOLDER'S FOR THIS ORGANIZATION IS:**

**DIANFRANCO MARCHENA**  
**IHOVANY MARCHENA**

**10%**  
**90%**

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