

**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.  
 Account Number : I19990000017  
 Phone : (305)485-9300  
 Fax Number : (305)485-1098

**\*\*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.**  
**DIMARCHENA 2401, LLC.**

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

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

**DIMARCHENA 2401, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**DIMARCHENA 2401, 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**

FILED  
15 MAY -5 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

05/04/2015 17:48

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CLARA GIRALDO P.A

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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 signee

THE STOCKHOLDER'S FOR THIS ORGANIZATION IS:

DIANFRANCO MARCHENA	10%
IHOVANY MARCHENA	90%

15 MAY -5 AM 8:06

FILED

SECRETARY OF STATE  
AND ASSISTANT