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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

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

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FLORIDA LIMITED LIABILITY CO. DIMARCHENA 352, LLC.

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

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 DIVISION OF CORPORATIONS
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 INFORMATION SERVICES

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BRUCE

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

DIMARCHENA 352, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

DIMARCHENA 352, 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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MIAMI-DADE COUNTY
FLORIDA

H150000742033

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

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TALLAHASSEE FLORIDA

THE STOCKHOLDER'S FOR THIS ORGANIZATION IS:

DIANFRANCO MARCHENA	10%
IHOVANY MARCHENA	90%