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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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15 OCT -1 PH 3: 55

SECRETARY OF STATE

OCT 0 7 2015 T CANNON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	991 Marina Del Ray, LLC
SUDJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Anna Santoro
	Name of Person
	991 Marina Del Ray, LLC
	Firm/Company
	320 37th Avenue
	Address
	Lachine, Quebec H8T 2A7 CANADA
	City/State and Zip Code
	ansantoro@videotron.ca E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Anna Santoro 514 497-3166 at ()
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	Siling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional cop

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RT			

The name of the Limited Liability Company is:

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FILED
SECRETARY OF STATE TALLAH! TREE FLORIDA
WELVER COTT'S COMINA

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991 Marina Del Ray LLC

West Palm Bea	el Ray Lane Unit I ach, FL 33401	320 37th Avenue Lachine, Quebec H8T 2A7 CA	ANADA		
West Palm Bea	nch, FL 33401	Lachine, Quebec H8T 2A7 Ca	ANADA		
RTICLE III - Registere			Lachine, Quebec H8T 2A7 CANADA		
ne name and the Florida	street address of the registered agent a Donna Balct	are:			
	Name				
	6907 Brairlake Circle				
	Florida street address (P.O.	Box NOT acceptable)			
	Palm Beach Gardens F	FL 33418			
	7=				
	City S	tate Zip			
ce designated in this certi ther agree to comply with	tered agent and to accept service of pr ficate, I hereby accept the appointmen the provisions of all statutes relating t	tate Zip rocess for the above stated limited liabi at as registered agent and agree to act i to the proper and complete performanc stered agent as provided for in Chapter	n this capacity. I se of my duties, an		
ce designated in this certi her agree to comply with	tered agent and to accept service of pr ficate, I hereby accept the appointmen the provisions of all statutes relating t the obligations of my position as regis	rocess for the above stated limited liabi at as registered agent and agree to act i to the proper and complete performanc	n this capacity. I se of my duties, an		

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:	thorized Member	Name and Address:	
"MGR" = Mana			
MGR - Main	agei	Anna Santoro	
MOIX		320 37th Avenue	-
		Lachine, Quebec H8T 2A7 CANADA	-
		Exemine, Quebec 1101 2117 CHATEM	=
AMBR		Patrick Aubert	,
		320 37th Avenue	TAS
		Lachine, Quebec H8T 2A7 CANADA	
		Lacinite, Quebec Rol 2A7 CANADA	" 즉류
AMBR		Donna Balet	<u> </u>
		6907 Briarlake Circle —	- SZE
		Palm Beach Gardens, FL 33418	
		Palm Beach Gardens, FL 33418	-
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			202
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(Use attachmen ICLE V: Effective of	nt if necessary) date, if other than the date o	f filing: (OPTIONAL)	
ICLE V: Effective on effective date is list ate of filing.) : If the date inserte	date, if other than the date of sted, the date must be spected in this block does not meet date on the Department of	eific and cannot be more than five business days prior to or 9 set the applicable statutory filing requirements, this date will n	•
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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)