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Law Offices of Frank Perez-Siam

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Miami, FL 33173-2509

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October 20, 2015

Florida Department of State
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: Transparent Property Management, LLC

To whom this may concern,

Enclosed herein please find copies of the following documents regarding the Articles of Organization for Transparent Property Management, LLC:

1. Articles of Organization
2. Check #110 in the amount of \$160.00

If all the documents meet with your approval, kindly file the respective documents and return copy to the undersigned.

Very truly yours,

Daniel C. Lopez, Esquire

Enclosures

cc: Client

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRANSPARENT PROPERTY MANAGEMENT, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yvan Ulysse Maronier

Name of Person

Transparent Condo Management

Firm/Company

8600 Byron Avenue, Apt. 6

Address

Miami Beach, Florida 33141

City/State and Zip Code

YVANMARONIER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvan Maronier

Name of Person

786

Area Code

587-4661

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Transparent Property Management, 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:

Principal Office Address:

Mailing Address:

1650 NE 115th Street, Unit 104

Miami, Florida 33181

1650 NE 115th Street, Unit 104

Miami, Florida 33181

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:

Carmen Maronier

Name

8600 Byron Avenue, Apt. 8

Florida street address (P.O. Box **NOT** acceptable)

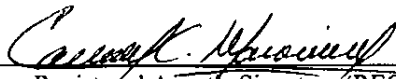
MIAMI BEACH

FL 33141

City

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

YVAN ULYSSE MARONIER

8600 BYRON AVENUE, APT. 6

MIAMI BEACH, FLORIDA 33141

JOSEPHINE TORRALBA-MARONIER

8600 BYRON AVENUE, APT. 6

MIAMI BEACH, FLORIDA 33141

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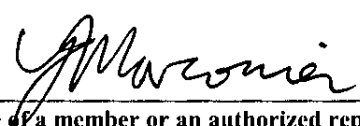
(Use attachment if necessary)

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:



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.)

YVAN ULYSSE MARONIER

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)