

Division of Corporations

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6381

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (800)293-4075

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

Email Address: charlesm@cpamassie.com

**FLORIDA LIMITED LIABILITY CO.**

**Marvyn, LLC**

Certificate of Status	1
Certified Copy	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

### ARTICLE I - Marvyn, LLC

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE II -  
9440 Cotten Ct  
Sanibel, FL 33957

### ARTICLE III -

Registered Agent, Registered Office & Registered Agents Signature


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

Evelyn M. Neill  
Name

9440 Cotten Ct  
(P.O. Box or Mail Drop Box NOT acceptable)

Sanibel, FL 33957  
(City/State/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 -

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**ARTICLE IV -**

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

"MGMR" = Managing Member

MGMR

Evelyn M. Neill  
9440 Cotten Ct  
Sanibel, FL 33957

MGMR

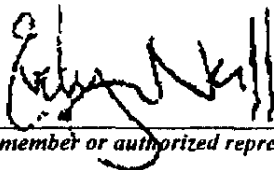
Marta Ibarrondo\_  
300 Mercer Street #26-0  
NewYork, NY 10003

**ARTICLE V -**

Effective date, if other than the date of filing: \_\_\_\_\_

(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.)

**REQUIRED SIGNATURE:**



*Signature of a member or 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.)

**Evelyn M. Neill**

Typed or printed name of signee

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