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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160001703883)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)205-8842

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.

Maravest LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Maravest LLC		
SUBSEC		Limited Liabil	ity Company
The encl	osed Articles of Organization and fee(s)) are submitted	for filing.
Please re	eturn all correspondence concerning this	matter to the f	ollowing:
	Joseph Bistritzky		
		Name of	Person
	Maravest LLC		
		Firm/Co	mpany
	4625 Post Ave		
		Addr	ess
	Miami Beach, FL 33140		
	dd@duscany.com	City/State an	d Zip Code
	E-mail address: (to be u	sed for future a	annual report notification)
For furthe	r information concerning this matter, pl	ease call:	
	Joseph Bistritzky	718	439-8900 x 2700
	Name of Person	Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	L Certifi	\$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	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

Maravest LLC			
(Must end	with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			٠
e mailing address and street at	ddress of the principal o	ffice of the Limited L	iability Company is:
Princip	al Office Address:		Mailing Address:
4625 Post Ave		4625	Post Ave
Miami Beach, FL 33 RTICLE III - Registered Age the Limited Liability Company other business entity with an a	ent, Registered Office, cannot serve as its own	& Registered Agent Registered Agent, Ye	i Beach, FI. 33140 's Signature: ou must designate an individual
RTICLE III - Registered Age	ent, Registered Office, cannot serve as its own active Florida registratio	& Registered Agent Registered Agent, Yon.)	's Signature:
RTICLE III - Registered Age ne Limited Liability Company other business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio	& Registered Agent Registered Agent, Youn.) I agent are:	's Signature:
RTICLE III - Registered Age ne Limited Liability Company other business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio address of the registered	& Registered Agent Registered Agent, Youn,) I agent are:	's Signature:
RTICLE III - Registered Age ne Limited Liability Company other business entity with an a	ent, Registered Office, cannot serve as its own active Florida registratio address of the registered	& Registered Agent Registered Agent, Youn.) I agent are: tem Name	's Signature:
RTICLE III - Registered Age ne Limited Liability Company other business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered CT Corporation Sys	& Registered Agent Registered Agent, Youn.) I agent are: tem Name	's Signature: ou must designate an individual
RTICLE III - Registered Age ne Limited Liability Company other business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registered CT Corporation Sys	& Registered Agent, Youn,) I agent are: tem Name	's Signature: ou must designate an individual

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..

C T Corporation System

Jordan Brown, Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

JUL 15 PM 5: 05

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	Joseph Bistritzky	
	4625 Post Ave	
	Miami Beach, FL 33140	"
##		
		
The second secon		
effective date is listed, the date must be spe te of filing.)	of filing: (OPTION ciffic and cannot be more than five business days price the applicable statutory filing requirements, this days	or to or 90 days af
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not me cument's effective date on the Department of	ecific and cannot be more than five business days price the applicable statutory filing requirements, this days	or to or 90 days af
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CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) If the date inserted in this block does not menument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree David Dombroff	mber of an authorized representative of a member. ed ip accordance with section 605.0203 (1) (b), Florida information submitted in a document to the Department effelony as provided for in s.817.155, F.S.	or to or 90 days af ate will not be liste

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