

AUG/17/2017/THU 12:54 PM

8/17/2017

L17000177072  
FAX No. 001  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000219179 3)))



H170002191793ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
MARCARVI2017 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
17 AUG 17 PM 12:12  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

N. SAMS

AUG 18 2017

Electronic Filing Menu

Corporate Filing Menu

Help

AUG/17/2017/THU 12:54 PM

FAX No.

P. 002

FILED

17 AUG 17 PM 4:01

CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

MARCARVI2017 LLC

ARTICLE I

The name of the limited liability company is MARCARVI2017 LLC

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

9923 NW 10 Terrace  
Miami, FL 33172

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

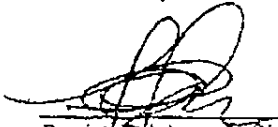
ARTICLE IV

The name and the Florida street address of the registered agent of the limited liability company is:

Aragon Registered Agents, Inc.  
255 Alhambra Circle  
Suite 500  
Coral Gables, Florida 33134

*Having been named as the 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.*

Date: 8/16/2017

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE V**

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

**Title:**

**Name and Address:**

Manager

Luis E. Lopez  
9923 NW 10 Terrace  
Miami, FL 33172


Manager

Carmen C. Moreno  
9923 NW 10 Terrace  
Miami, FL 33172

*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.*

Authorized Signee:

  
\_\_\_\_\_  
LUIS E. LOPEZ

  
\_\_\_\_\_  
CARMEN C. MORENO