Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)209-0845

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.

Maravest II LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

18 FEB 16 AHTT: 58

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maravest II LLC (Must contain 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:
4625 Post Ave	4625 Post Ave
Miami Beach, FL 33140	Miami Beach, FL 33140
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent as	red Agent. You must designate an individual or
C T Corporation System	
Name	
1200 South Pine Island Road	1
Florida street address (P.O. E	Box NOT acceptable)

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

By: Chris Rickard, Assistant Secretary /

Plantation,

ı

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Florida

Zip

State

ARTICLE IV-

	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager			
MGR_	Joseph Bistritzky		
	4625 Post Ave		
	Miami Beach, FL 33140		
			
(Use attachment if necessary)			
te of filing.)	fic and cannot be more than five business days prior to or 9 to the applicable statutory filing requirements, this date will no State's records.		
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