To: Page 2 of 4 Division of Corporations

# Florida Department of State

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

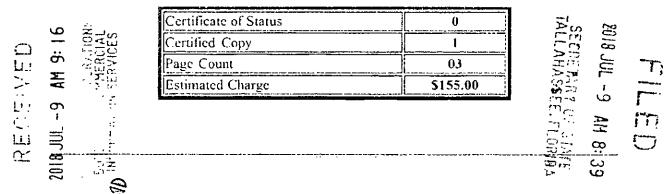
Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*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 HI LLC



Electronic Filing Menu Corporate Filing Menu

Help

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Maravest III 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:

<u>Princip</u>	al Office Address:		Mailing Add	iress:		
4625 Post Ave Miami Beach, FL 33	140		ost Ave Beach, FL 33140			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	n Registered Agent. Yo on.) d agent are:	s Signature: u must designate an i	ndividual or	2018 JUL -9	
	от отрошки от.	Name		in.		į
	1200 South Pine Isl Florida street address Plantation,	-	eptable) 33324	CORRE	AH 8:39	M

Having been raimed as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby 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 um familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

State

Zip

City

By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
NIGK = Manager	
MGR	Joseph Bistritzky
THO IC	4625 Post Ave
	Miami Beach, FL 33140
<del></del>	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  If the date inserted in this block does not locument's effective date on the Department	e of filing:
TCLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis
TCLE V: Effective date, if other than the date of effective date is listed, the date must be splate of filing.)  E: If the date inserted in this block does not document's effective date on the Department	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis
TCLE V: Effective date, if other than the date of effective date is listed, the date must be spate of filing.)  E: If the date inserted in this block does not document's effective date on the Department of the Utility of the provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list of State's records.
TCLE V: Effective date, if other than the date of effective date is listed, the date must be splate of filing.)  E: If the date inserted in this block does not document's effective date on the Department of the Uther provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis

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)