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H190003210263ABCY

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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

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Email	Address:			

FLORIDA LIMITED LIABILITY CO. MARLINS DUPLEX, LLC

Certificate of Status	0
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I. SCOTT



October 31, 2019

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: MARLINS DUPLEX, LLC

REF: W19000096238

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Susan Tallent

FAX Aud. #: H19000321026 Regulatory Specialist II Letter Number: 319A00022473

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Li	ability Company is:			
MARLINS DU				
(Musi	contain the words "Limited	d Liability Company	, "L.L.C ," or "L.LC.")	
ARTICLE II - Address: The mailing address and str	eet address of the principal	office of the Limited	d Liability Company is:	
<u>Pr</u>	ncipal Office Address:		Mailing Address:	
1831 NW FLAC MIAMI, FL 333	GLER TERRACE 25	-	0615 SW 118 STREET MIAMI, FL 33176	
ARTICLE III - Registere (The Limited Liability Con another business entity wit	ipany cannot serve as its ow	en Registered Agent.	ent's Signature: You must designate an individual or	
The name and the Florida's	treet address of the register	ed agent are.		
	TOMAS PEQUEN	o		
		Name		
	9615 SW 118 STREET Florida street address (P.O. Box <u>NOT</u> acceptable)			
	МІАМІ	FI,	33176	
	City	State	Ž ip	

Flaving 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 refunng to the properfund complete performance of my ditties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

gistered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	CAMELOT INVESTMENT GROUP, LP 3411 SILVERSIDE RD, TATNALL BLDG STE 104		
	WILMINGTON, DE 19810		
MGR	HILDA ENRIQUEZ		
	9615 SW 118 STREET MIAMI, FL 33176		
(Use attachment if necessary)			
f an effective date is listed, the date must be s e date of filing.)	te of filing:		
RTICLE VI: Other provisions, if any.			
RTICLE VI. Other provisions, if any.			
REOUIRED SIGNATURE:	Exces		
This document is exept I am aware that any fal	number or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, like information submitted in a document to the Department of State ee felony as provided for in s.817 155, F.S.		
TOMAS PEQU	ENO		
	Typed or printed name of signee		

38

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)