

Division of Corporations

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L19000265243

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.

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To:

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

From:

Account Name : E & F LATIN GROUP LLC  
Account Number : 120160000049  
Phone : (954) 384-8565  
Fax Number : (954) 385-5175

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

Email Address: diego@eflatinaccounting.com

2019 NOV -5 AM 9:23  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.  
MAR & MILL LLC

Certificate of Status	1
Certified Copy	0
Page Count	09
Estimated Charge	\$130.00

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Corporate Filing Menu

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November 5, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

E & F LATIN GROUP LLC

SUBJECT: MAR & WILL LLC  
REF: W19000097520

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.

YOU MAY ONLY CHOOSE ONE WAY TO SUBMIT THE ARTICLES OF ORGANIZATION; ON OUR FORM OR YOUR SELF DERIVED DOCUMENT. PLEASE SELECT ACCORDINGLY.

Please correct your document to reflect that it is filed pursuant to the correct statute number.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: E19000323758  
Letter Number: 419A00022828

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MAR & MILL LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DIEGO FIGUEROA

\_\_\_\_\_  
Name of Person

E & F LATIN GROUP LLC

\_\_\_\_\_  
Firm/Company

1820 N CORPORATE LAKES BLVD STE 109

\_\_\_\_\_  
Address

WESTON FL 33326

\_\_\_\_\_  
City/State and Zip Code

diego@eflatinaaccounting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diego Figueroa

\_\_\_\_\_  
Name of Person

954

\_\_\_\_\_  
Area Code

384 8565

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing Fee,  
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

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MAR & MILL 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:933 HARBOR INN DR  
CORAL SPRINGS FL 33071Mailing Address:933 HARBOR INN DR  
CORAL SPRINGS FL 33071

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

E & F LATIN GROUP LLC

Name

1820 N CORPORATE LAKES BLVD SUITE 109Florida street address (P.O. Box **NOT** acceptable)WILSTON

FL

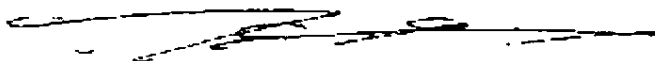
33326

City

State

Zip

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

 SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

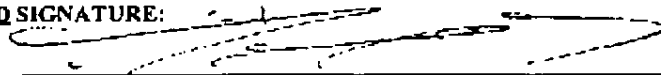
"MGR" = Manager

MGR**Name and Address:**LIBARDO ANDRES ACEVEDO933 HARBOR INN DRCORAL SPRINGS FL 33071MGRVERONICA OCHOA933 HARBOR INN DRCORAL SPRINGS FL 33071

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11.01.19 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Diego Figueroa

Typed or printed name of signee

**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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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