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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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. COVER LETTER *

TO:	New Filing Section Division of Corporations				
SUBJE	maricas services				
3000		ne of Limited Lia	bility Company		
The enc	losed Articles of Organization and	fee(s) are submit	ted for filing.		
Please r	eturn all correspondence concernin	g this matter to th	ne following:		
	mary silva				
		Name	of Person		
	maricas services				
		Firm/	Company (Company		
	11266 пw 59terr				
		Ac	ddress		
	miami, fl 33178				
		City/State	and Zip Code		
	maryenzo2013@gmail.com	1 16 6	I was the state		
	E-mail address: (to	be used for futu	re annual report notificatio	in)	
For furthe	er information concerning this matte	er, please call:		<u> </u>	·
	mary silva	786 at (515 7843		8- AON 61
	Name of Person	Area Code	e Daytime Telephone	Number	7-8
Enclose	ed is a check for the following amou	int:			1-8 PM 8
\$125.00	O Filing Fee \$130.00 Filing I Certificate of S	tatus LTICer	55.00 Filing Fee & trified Copy is enclosed)	S160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is e	nas <u>é</u> ma
	Mailing Address		Street Address		
	New Filing Section		New Filing Section		
	Division of Corporations		Division of Corneration	inc	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
maricas services Ilc		·	
(Must contain	n the words "Limited	Liability Com	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	dress of the principal	office of the L	imited Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
11266 nw 59th terr mi	ami fl 33178		11266 nw 59th terr miami fl 33178
another business entity with an ac	tive Florida registrati	on.)	rgent. You must designate an individual or
	11266 nw 59th terr		
	Florida street addre	ss (P.O. Box <u>I</u>	NOT acceptable)
	miami	fl	33178
	City	State	Zip
place designated in this certificate, if further agree to comply with the pro-	hereby accept the apprisions of all statutesy	pointment as refelating to the fas redistered	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S

(CONTINUED)

AR	TI	\sim t	E	IM
Αн		t . I	.r.	IV-

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

"MGR" = Manager	
	mana silas
mgr	mary silva
	112166 nw 59th terr
	miami fl 33178
	
(Use attachment if necessary)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
the date inserted in this block does not renert's effective date on the Department	neet the applicable statutory filing requirements, this date will not be of State's records
ment a effective date on the Department	
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REOUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	entoer or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
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Signature of a me This document is executed an aware that any false constitutes a third degree.	Typed or printed name of signee
Signature of a me This document is executed a mary false constitutes a third degree mary silva	entoer or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

\$ 5.00 Certificate of Status (Optional)

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