Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

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

Email Address:

michael@scheeringa.com

# FLORIDA LIMITED LIABILITY CO. Marathon FBO Partners ILM, LLC

Certificate of Status	0 _
Certified Copy	0
Page Count	02
Estimated Charge	\$125,00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: MARATHON FBO PARTNERS ILM, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principa) Office / Mailing Address:

517 SE 25th Avenue Ft Landerdale, FL 33301

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

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

S. Michael Scheeringa

Name

517 SE 25th Avenue
Florida street address (P.O. Box NOT acceptable)

Ft. Lauderdale, FL 33301 City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited tiability 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: S. Michael Scheeringa

Article IV - Management:

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

Tillc:

Name and Address:

Manager

Sanjay Aggarwal 517 SE 25th Avenue Ft Lauderdale, FL 33301

Manager

S. Michael Scheeringa 517 SE 25th Avenue Ft. Landerdale, FL 33301

S. Michael Scheerings, Authorized Representative Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. 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.)

S. Michael Scheeringa

Typed or printed name of signee