Florida Department of State

Division of Corporations



(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 : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854

Phone : (786)845-8854 Fax Number : (321)473-3052

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

Email Address: Jessica. tomes (a) taxcarcine. Con

FLORIDA LIMITED LIABILITY CO. MARES INVESTMENT HOLDING GROUP LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

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COVER LETTER

| | lew Filing Sec Pivision of Co | | | |
|-------------------|----------------------------------|--|---|---|
| SUBJECT | | VESTMENT HOLDING | GROUP LLC | |
| SOBJEC | · | Name of Lim | ited Liability Company | |
| The enclos | sed Articles of | Organization and fee(s) are | submitted for filing. | |
| Picase reti | ım all correspo | ondence concerning this ma | tter to the following: | |
| | JESSICA TO | ORRES | | |
| | | | Name of Person | |
| | TAX CARE | CELEBRATION | | |
| | | | Firm/Company | |
| | 1400 NW 10 | 7TH AVE STE 203 | | |
| | | | Address | |
| | SWEETWA | TER FL 33172 | | |
| | | Ci | ity/State and Zip Code | |
| | | RRES@TAXCAREINC.C | | |
| | | E-mail address: (to be used | for future annual report notificati | ion) |
| For further | information co | ncerning this matter, please | call: | |
| | JESSICA TO | ORRES 78 | | |
| | Nan | | ca Code Daytime Telephon | e Number |
| Enclosed i | is a check for t | he following amount: | | |
| ■\$125.0 0 | 0 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) |
| | Maith | na Address | Street Address | |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

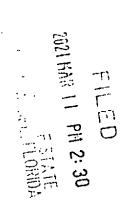
AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (Must o | ontain the words "Limited Liab | | |
|--|--|---|--|
| | | bility Company, | "L.L.C.," or "LLC.") |
| RTICLE II - Address: he mailing address and stre | et address of the principal office | e of the Limited | Liability Company is: |
| Prin | cipal Office Address: | | Mailing Address: |
| 13520 SW 152NI | ST #770191 | 1352 | 0 SW 152ND ST #770191 |
| MIAMI FL 3317 | 7 | MIA | MI FL 33177 |
| RTICLE III - Registered The Limited Liability Comp nother business entity with | Agent, Registered Office, & R any cannot serve as its own Reg an active Florida registration.) | Registered Agent. | nt's Signature: You must designate an individual or |
| RTICLE III - Registered The Limited Liability Comp nother business entity with | Agent, Registered Office, & Regany cannot serve as its own Regan active Florida registration.) | Registered Agent. | |
| RTICLE III - Registered The Limited Liability Comp nother business entity with | Agent, Registered Office, & Regany cannot serve as its own Regan active Florida registration.) ect address of the registered ago | Registered Agent. | |
| RTICLE III - Registered The Limited Liability Comp nother business entity with | Agent, Registered Office, & Regany cannot serve as its own Regan active Florida registration.) ect address of the registered ago | Registered Agent. Y gistered Agent. Y cent are: RCIA | |
| RTICLE III - Registered The Limited Liability Comp nother business entity with | Agent, Registered Office, & Reany cannot serve as its own Registration.) ect address of the registered ago <u>CARLOS JAVIER GAR</u> No | Registered Agent. Vecnt are: RCIA Jame ET #770191 | You must designate an individual o |
| RTICLE III - Registered The Limited Liability Comp nother business entity with | Agent, Registered Office, & Rany cannot serve as its own Regan active Florida registration.) ect address of the registered age CARLOS JAVIER GAR No. 13520 SW 152ND STRE | Registered Agent. Vecnt are: RCIA Jame ET #770191 | You must designate an individual o |

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)



ARTICLE IV-

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

| "AMBR" = Authorized Member "MGR" = Manager | | |
|--|--|--------------|
| "MGR" = Manager | | |
| Mark Manager | | |
| MGRM | CARLOS JAVIER GARCIA | |
| MORM | 13520 SW 152ND ST #770191 | - |
| | MIAMI FL 33177 | _ |
| | 7.22.7.2.2.2.2.7.7. | |
| | | |
| MGRM | ANA LUIS MUNOZ | |
| | 13520 SW 152ND ST #770191 MIAMI FL 33177 | _ |
| | WIAMI PL 33177 | |
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| (Use attachment if necessary) | | |
| of filing.) | at be specific and cannot be more than five business days prior to or | 90 days s |
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| of filing.) If the date inserted in this block document's effective date on the Depa LE VI: Other provisions, if any. REOUIRED SIGNATURE: | es not meet the applicable statutory filing requirements, this date will rutment of State's records. of a member or an authorized representative of a member. | not be list |
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