

# L21000142383

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP  
Account Number : I20190000020  
Phone : (786)953-7449  
Fax Number : (786)953-7450

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

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## FLORIDA LIMITED LIABILITY CO. MARMONT ART LLC

Certificate of Status	0
Certified Copy	0
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2021 APR -5 PM 2:46

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FLORIDA  
DIVISION OF  
CORPORATIONS  
SPECIAL  
SERVICES

**Articles of Organization  
For  
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Article of Organization:

**Article I**

The name of the limited liability company is:  
**MARMONT ART LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:  
**946 FALLING WATER RD  
WESTON, FL. 33326**

The mailing address of the Limited Liability Company is:  
**946 FALLING WATER RD  
WESTON, FL. 33326**

**Article III**

Other provisions, if any:  
**ANY AND ALL LAWFUL BUSINESS.**

**Article IV**

The name and Florida street address of the registered agent is:  
**MAVIC JOSEFINA DIAZ PARALES  
946 FALLING WATER RD  
WESTON, FL. 33326**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: \_\_\_\_\_



FILED  
FALLING WATER, FL.  
DATE


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**Article V**

**The name and address of person(s) authorized to manage the LLC:**

**Title: AMBR  
MAVIC JOSEFINA DIAZ PARALES  
946 FALLING WATER RD  
WESTON, FL. 33326**

**Signature:**  \_\_\_\_\_

**Article VI**

**The effective date of this Limited Liability Company Shall be:**

**04/02/2021**

**Signature of member or an authorized representative:**

**Signature:**  \_\_\_\_\_

**I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.**

**FILED**  
**2021 APR -5 PM 2:46**  
**DALE COUNTY, FL**