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Office Use Only



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COVER LETTER

TO: New Filing Section

Di	vision of Corporations	
SUBJECT:	MARAGO LLO	C
	Name of Limited Li	iability Company
		· ·
The enclose	ed Articles of Organization and fee(s) are subm	itted for filing.
Please retur	n all correspondence concerning this matter to	the following:
	•	(
	haria. //	
	Marian Vage Nam	<u></u>
	Nam	ne of Person
	•	
	MARAGO LLC	·
		n/Company
	CAPOLANIA LANCE ZO	
	CARPENIA LANE 700	Address
	•	Address
	PLANTATION - FLORIDA City/State Marian Vago 61 @ gma,	3331/
•	City/Stat	te and Zip Code
	marian Vago 6/ (a) ama	il. cars
_	E-mail address: (to be used for fut	
	2 (10 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	
For further in	formation concerning this matter, please call:	
	HARIAN 1/460 at (SULLA	A 609 510 1699
-	Name of Person Area Co	<u> </u>
	Name of Person Area Coo	de Daytime Felephone Number
Enclosed is	a check for the following amount:	
	500 B	ICLES OF THE PARK THE PARK TO SELLED
□\$125.00		1\$155.00 Filing Fee & LP\$160.00 Filing Fee, Certificate of Status &
		itional copy is enclosed) Certified Copy
	(uuu	(additional copy is enclosed)
		•
	Mailing Address	Street Address
	New Filing Section	New Filing Section Division
	Division of Corporations	The Centre of Tallahassee
	P.O. Box 6327	2415 N. Monroe Street, Suite 810 Tallahassee FL 32303
	Tallahassee FI 32314	FROM STORE TO A COUNTY

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	HAZUN VULO	
H6R	GIRDAUN LANE FOO	
	PLANTATON - FLORIAM 33317	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Vago Limited Liability Company	MARAGO LIC
	ibility Company, "L.L.C.," or "LLC.")

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

ARTICLE I - Name:

Principal Office Address:

Mailing Address:

FALOGNIA LANG

ATION - FLORIDA

PLANTATION - FLORIDA

ARTICLE III - Registered Agent, Registered Office, & 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:

MARIAN IAGO

Name

700 CARDENIA LANE

Florida street address (P.O. Box NOT acceptable)

PLANTATION FLORIDA 33317

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)

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