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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : I19990000017
Phone : (305) 485-9300
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**FLORIDA LIMITED LIABILITY CO.
MARVAVE, LLC.**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

MARVAVE, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MARVAVE, LLC

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**19101 N. MYSTIC POINTE DR UNIT 1104
AVENTURA, FL. 33180**

The mailing address shall be:

**19101 N. MYSTIC POINTE DR UNIT 1104
AVENTURA, FL. 33180**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

MARCELA RADUSKY

19101 N. MYSTIC POINTE DR UNIT 1104
Florida Street address (P.O.BOX NOT acceptable)
AVENTURA, FL. 33180
City, State, and Zip

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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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARCELA RADUSKY
19101 N. MYSTIC POINTE DR UNIT 1104
AVENTURA, FL. 33180

AMBR


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 penalties of perjury that the facts stated herein are true.)

MARCELA RADUSKY
Typed or printed name of signee