Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000399889 3)))



H210003998893ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 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: jeffrey. Dankowitz @ gray - robinson. com

FLORIDA LIMITED LIABILITY CO.

Marathon FBO Partners GEG, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

057 27 2021

SECRETARY OF START ONE

RECEIVED

Filing

H21000399889 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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

ARTICLE II - Address:

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

2200 S. Ocean Lane, Unit 2806 Fort Lauderdale, FL 33316

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

2200 S. Ocean Lane, Unit 2806
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33316 City, State, and 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. Thereby 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:

Title

Name and Address:

Manager

Sanjay Aggarwal

2200 S. Ocean Lauc, Unit 2806 Port Landerdale, FL 33316

Manager

S. Michael Scheerings

2200 S. Ocean Lane, Unit 2806

Fort Lauderdale, FL 33316

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 penalties of perjury that the facts sinted 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