

To: +18506176381~

3:25:22, 12:12 PM

2 of 5

2022-04-01 17:00:45 GMT

18506172771

for Lazka Garrido

L22000133680

Florida Department of State
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.

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To:

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

From:

Account Name : FOREIGN SOLUTION
Account Number : I20200000036
Phone : (786)599-4140
Fax Number : (954)827-2771

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

Email Address: LAZKA@FOREIGNSOLUTION.COM

RECEIVED

2022 APR -1 PM 2:49

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.
MARQUINA DESIGN LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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March 31, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOREING SOLUTION

SUBJECT: MARQUINA DESIGN LLC
REF: W22000041699

FILED
2022 APR -1 AM 9:57
TALLAHASSEE, FLORIDA
REGISTRY OF STATE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6052.

Hyacinth LeBlanc
Regulatory Specialist II
New Filing Section

FAX Aud. #: H22000110847
Letter Number: 522A00007499

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MARQUINA DESIGN, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARLENE MARQUINA

Name of Person

Firm/Company

9105 NW 192 TERR

Address

HIALEAH, FL 33018

City/State and Zip Code

MARLENEMARQUINA71@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLENE MARQUINA

754

971-4893

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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)

Mailing Address

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

Street Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR -1 AM 9:57

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARQUINA DESIGN, LLC

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:9105 NW 192 TERR
HIALEAH, FL 330189105 NW 192 TERR
HIALEAH, FL 33018

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:

MARLENE MARQUINA

Name

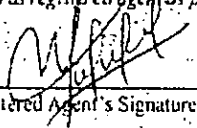
9105 NW 192 TERRFlorida street address (P.O. Box NOT acceptable)HIALEAHFL33018

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)

FILED
2022 APR -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARLENE MARQUINA

9105 NW 192 TERR

HIALEAH FL 33018

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

MARLENE MARQUINA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)