

6/2/22, 10:05 AM

Division of Corporations

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Florida Department of State
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To:

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

From:

Account Name : FOREING SOLUTION
Account Number : I20200000036
Phone : (786)599-4140
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Marco Espinosa Propiedades 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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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Marco Espinosa Propiedades 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:

Name of Person
FOREIGN SOLUTION 2.0 LLC
Firm/Company
7300 W MCNAB ROAD SUITE 220
Address
TAMMRA FL 32321
City/State and Zip Code
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ADOLFO GARGIULO at (754) 234-8689
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

Maroo Espinoso Propiedades 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:7300 W MCNAB ROAD, SUITE 220
TAMARAC, FL 33321Mailing Address:7300 W MCNAB ROAD SUITE 220
TAMARAC, FL 33321

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:

FOREIGN SOLUTION 2.0 LLC

Name

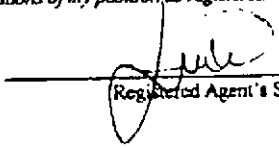
7300 W MCNAB ROAD SUITE 220Florida street address (P.O. Box NOT acceptable)TAMARAC FL 33321

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMHR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

MARCO A. ESPINOSA

7300 W MCNAB ROAD SUITE 220

TAMARAC FL 33321

MGR

LIA V. PRAT

7300 W MCNAB ROAD SUITE 220

TAMARAC FL 33321

(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.

MARCO A ESPINOSA

Typed or printed name of signer

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)

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