

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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RECEIVED
 2023 APR 20 PM 3:34
 CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.
MARASSI LLC

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

FILED
 23 APR 20 PM 12:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MARASSI LLC

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

ARTICLE II - Address:

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

Principal Office Address:19790 W DIXIE HWY SUITE 309
MIAMI, FL 33180Mailing Address:19790 W DIXIE HWY SUITE 309
MIAMI, FL 33180**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:

LUIS F ROSALES

Name

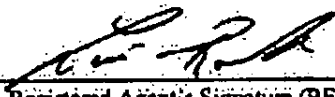
5931 NW 173 DR SUITE 9Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33015

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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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:

AMBR _____

DIEGO FERNANDO VALERIA RIVERA
19790 W DIXIE HWY SUITE 309
MIAMI, FL 33180

AMBR _____

SANDRA CECILIA AWAKON RAMOS
19790 W DIXIE HWY SUITE 309
MIAMI, FL 33180

AMBR _____

JOSE HUGO ARIAS LEON
19790 W DIXIE HWY SUITE 309
MIAMI, FL 33180

AMBR _____

WALTER GARCIA ESCOBAR
19790 W DIXIE HWY SUITE 309
MIAMI, FL 33180

(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.

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)
- \$ 3.00 Certificate of Status (Optional)

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STATE OF FLORIDA
DEPARTMENT OF STATE