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.

Electronic Filing Cover Sheet

(((H24000358469 3))):



H240003584693ABC8

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 : EXPRESS FILINGS INC

Account Number : I20220000042

Phone : (786)370-2432

Fax Number

: (786)866-6349

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

| Email | Address: | |
|-------|----------|--|
| | | |

FLORIDA LIMITED LIABILITY CO. MAURO MARK LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

۲:

. . . 185W

Page: 2 of 3

2024-10-28 15:31,48 GMT

17868666349

From: ADRIAN MEDINA

(((H24000358469 3)))

CF Limited to ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY and or busines.

ARTICLE I - Name:

.CLi.i'

The name of the Limited Liability Company is:

| NΛ | ۸ı | JRO | NAA. | DV | 1.1 | $\overline{}$ |
|-----|----|------|------|-----|-----|---------------|
| IVI | Αl | JKLJ | IVIA | K K | 11 | ι. |

(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: | 71 Mailing Address: |
|---------------------------|---------------------|
| 11531 SW 4TH ST | ,11531 SW 4TH ST |
| MIAMI, FL 33174 | MIAMI, FL 33174 |
| , | • • |

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:

| LINARES PENA, L | <u>.azaro .</u> | <u>A.</u> |
|--------------------------------------|-----------------|-----------|
| Name | | |
| 11531 SW 4 | TH ST | |
| Florida street address (P.O. Box No. | OT accepta | ble) |
| MIAMI | FL | 33174 |
| City | | 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 states relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my notion as in the provided for in Chapter 605, F.S..

Lazaro A. Linares (Oct 28, 2024 11:21 EDT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

y Clair

er i asmis

AU CLEI-The grant of a

ARTICLE IV-

(((H24000358469 3)))

| Title: | | | Name and Address: | |
|--|--|---|--|----|
| | R" = Authorized N " = Manager | 1ember | | |
| Wick | AMBR | | LINARES PENA, LAZARO A. | |
| | · · · · · · · | | 11531 SW 4TH ST | |
| | | | MIAMI, FL 33174 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | _ |
| | | | | `` |
| | | | | |
| | | | F | |
| •• . | | | | |
| | | | | |
| (Use at | tachment if necess | ary) | 1.0 ES | |
| TICLE V: E | ffective date, if oth | er than the date of f | filing:(OPTIONAL) | |
| FICLE V: E in effective d date of filing e: If the date | ffective date, if oth ate is listed, the d .) e inserted in this b | er than the date of f ate must be specifi | filing: (OPTIONAL) Ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not | - |
| FICLE V: E in effective d date of filing e: If the date document's o | ffective date, if oth ate is listed, the d .) e inserted in this b | er than the date of it ate must be specificated does not meet the Department of S | filing: (OPTIONAL) Ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not | • |
| FICLE V: E in effective d date of filing e: If the date document's o | ffective date, if oth ate is listed, the d.) e inserted in this beffective date on t | er than the date of it ate must be specificated does not meet the Department of S | filing: (OPTIONAL) Ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not | • |
| FICLE V: E in effective d date of filing e: If the date document's of FICLE VI: C | ffective date, if oth ate is listed, the d.) e inserted in this beffective date on t | er than the date of fate must be specificate must be specificated does not meet the Department of Sany. | filing: (OPTIONAL) Ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not | - |
| FICLE V: E in effective d date of filing e: If the date document's of FICLE VI: C | ffective date, if oth ate is listed, the d.) e inserted in this beffective date on to other provisions, if | er than the date of fate must be specificate must be specificated does not meet the Department of Sany. | filing: (OPTIONAL) Ic and cannot be more than five business days prior to or 90 It the applicable statutory filing requirements, this date will not State's records. | - |
| FICLE V: E in effective d date of filing e: If the date document's of FICLE VI: C | ffective date, if oth ate is listed, the d.) e inserted in this beffective date on to their provisions, if IRED SIGNATU Sig This documents of the signature o | er than the date of fate must be specificate must be specificated by the Department of Sany. RE: Lazaro A. L. nature of a membranent is executed in that any false inf | filing: (OPTIONAL) Ic and cannot be more than five business days prior to or 90 t the applicable statutory filing requirements, this date will not | - |