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Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
MARSAN RESTAURANT GROUP LLC**

Certificate of Status	0
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Page Count	03
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2025 JAN 28 PM 2:12

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2025 JAN 28 PM 6:00

MS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MARSAN RESTAURANT GROUP 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:Mailing Address:15331 SW 167 STREET  
MIAMI, FL 33187SAME

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

RAIZA MARTIN

Name

15331 SW 167 STREETFlorida street address (P.O. Box **NOT** acceptable)MIAMI FL 33187  
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.*

Raiza Martin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE  
STATE OF 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:**

AMBR

RAIZA MARTIN  
15331 SW 167 STREET  
MIAMI, FL 33187

\_\_\_\_\_

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(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:**

Raiza Martin

**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.

RAIZA MARTIN

\_\_\_\_\_  
 Typed or printed name of signee

2025 JAN 28 AM 6:00  
 DEPARTMENT OF STATE  
 MIAMI, FL  
 33133