From:

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VP ACCOUNTING AND SERVICES LLC

Account Number : I20240000138 Phone : (786)518-0497 Fax Number : (786)667-5135

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Email Address: ___INFO@VPAACONSULTING.COM

FLORIDA LIMITED LIABILITY CO. MARALE LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

\mathbf{A}	RT	ICI.	Æ 1	_	Name:
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The name of the Limited Liability Company is:

MARALELLC

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

ARTICLE II - Address:

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

Page: 3 of 4

Principal Office Address:	Mailing Address:		
8280 NW 27TH ST	8250 NW 27TH ST		
UNIT 309	UNIT 309		
DORAL FL 33122	DORAL FL 33122		

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.)

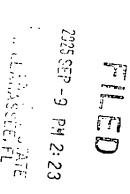
The name and the Florida street address of the registered agent are:

VPAA CONSULTI	····	
	Name	
8250 NW 27TH ST	UNIT 309	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
DORAL	FL.	33122
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)



4	DΤ	10	H	IV.

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

"AMBR" = Authorized Member	
"MGR" = Manager	ADAMO - 1811 1111
MEMBER	ARANDA, DELEIN C. POETA JORGE GUILLEN 15 P08 B,
	ZARAGOZA 50001 -50022. ESPAÑA
AMBR	LOMBAR, ANA
	CALLE TERMAS DE CARACALLA NUM 9, CP 50410
	CUARTE DE HUERVA, ZARAGOZA, ESPAÑA
MEMBER	ABANDA IMPOO
MEMBER	ARANDA, DIEGO CALLE TERMAS DE CARACALLA NÚM 9, CP 50410
	CUARTE DE HUERVA, ZARAGOZA, ESPAÑA
(Use attachment if necessary)	
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