

L25000001474

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
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Account Number : 104662003400
Phone : (516)813-1184
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FLORIDA LIMITED LIABILITY CO.
D MARQUI IMPROVEMENTS, LLC

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

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

The name of the Limited Liability Company is:

D MARQUI IMPROVEMENTS, LLC

(Must end with 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:2901 SW 41St. Street Apt 202
Ocala, FL 34474**Mailing Address:**2901 SW 41St. Street Apt 202
Ocala, FL 34474**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:

KELIAN ESTEVEZ

Name

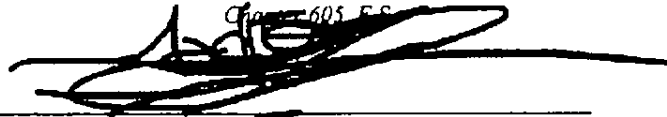
136 4TH ST N. STE 201Florida street address (P.O. Box NOT acceptable)ST. PETERSBURG FL 33701

City

Zip

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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



Registered Agent's Signature (REQUIRED)

KELIAN ESTEVEZ

(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

AMBR

AMBR

Name and Address:

KELIAN ESTEVEZ

2901 SW 41St. Street Apt 202

Ocala, FL 34474

RACHEL M. CRUZ HERNANDEZ

2901 SW 41St. Street Apt 202

Ocala, FL 34474

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

KELIAN ESTEVEZ

Typed or printed name of signer

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