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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.

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

From: Account Name : MARVEN ENTERPRISES, INC
Account Number : I20210000171
Phone : (786)440-5396
Fax Number : (800)249-3601

[Handwritten Signature]

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

Email Address: admin@marventaxes.com

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.
AUCAST TECHNOLOGY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
2025 JAN 21 AM 3:30

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AUCAST TECHNOLOGY LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SALOME VENTURA
Name of Person
MARVEN ENTERPRISES, INC
Firm/Company
5901 NW 183RD ST STE 138
Address
HIALEAH, FL 33015
City/State and Zip Code
admin@marventaxes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALOME VENTURA 786 440-5396
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AUCAST TECHNOLOGY 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>11536 NW 48TH TER</u>	<u>11536 NW 48TH TER</u>
<u>DORAL, FL 33178</u>	<u>DORAL, FL 33178</u>

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:

MARVEN ENTERPRISES, INC
Name

5901 NW 183RD ST STE 138
Florida street address (P.O. Box **NOT** acceptable)

<u>HIALEAH</u>	<u>FL</u>	<u>33015</u>
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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2025 JAN 21 AM 3:40
CLERK OF STATE
TALLAHASSEE, FL

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


<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>AURA MARIA CASTELLANOS CORREA</u>
	<u>11536 NW 48TH TER</u>
	<u>DORAL, FL 33178</u>
<u></u>	<u></u>
<u></u>	<u></u>
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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.
THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS ORGANIZED IS TO ENGAGE IN ANY
AND ALL LAWFUL BUSINESS

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.

AURA MARIA CASTELLANOS CORREA
Typed or printed name of signer

2025 JAN 21 AM 3:40
SECRETARY OF STATE
TALLAHASSEE, FL