Florida Department of State

H25000052007 3





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(((H25000052007 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CITI TAXES LLC Account Number : I20230000131 Phone : (305)803-4427 Fax Number : (305)402-6230

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

Email Address: citi.taxes@yahoo.com

FLORIDA LIMITED LIABILITY CO. MARU PRO SERVICES LLC

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Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

H25000052007 3

COVER LETTER

TO:	New Filing Section Division of Corporations		
	MARU PRO SERVICES LLC		
SUBJE		mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	ARMANDO VASQUEZ		
		Name of Person	
	CITI TAXES LLC		
		Firm/Company	~~~~~
	5721 NW 112TH AVE		25 FEI
		Address	<u>_</u>
		Address	— -
	DORAL, FL 33178		₹ 76
		City/State and Zip Code	19 NM 6: 54 August
	citi.taxes@yahoo.com	d for future annual report notification)	2 <u>1</u> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
			7
For furth	er information concerning this matter, plea-	se call:	
		803-4427	
		Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:		
■ \$12:	5.00 Filing Fee Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy	of Status & PY
	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. Montoe Street, Suite 810 Tallahassee, FL 32303	

H25000052007 3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 3 of 4

ARTICLE I - Name: The name of the Limited Liability Company is: MARU PRO SERVICES 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: Mailing Address: Principal Office Address: 10800 NW 88TH TERRACE UNIT 215 10800 NW 88TH TERRACE UNIT 215 DORAL, FL 33178 DORAL, FL 33178 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:

RUSMARY MORE	NO	
	Name	
10800 NW 88TH TI	ERRACE UNIT 215	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	ceptable)
DORAL	florida	33178
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 a vegistered agent as provided for in Chapter 605, F.S..

Registered Agant's Signature (REQUIRED)

(CONTINUED)

H25000052007 3

AMBR RUSMARY MORENO 10800 NW 88TH TERRACE UNIT 215 DORAL, FL 33178 (Use attachment if necessary) E.V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records. E.VI: Other provisions, if any, D. ANY LAWFUL BUSINESS REOURED 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.N17.155, F.S. RUSMARY MORENO	"AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Use attachment if necessary) E.V: Effective date, if other than the date of filing:	J	10800 NW 88TH TERRACE UNIT 215	
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