

L25000188942

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MARVEN ENTERPRISES, INC
Account Number : T20210000171
Phone : (786)440-5396
Fax Number : (800)249-3601

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

Email Address: Dibanksrealtor@gmail.com

**FLORIDA LIMITED LIABILITY CO.
GOZU REAL ESTATE LLC**

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

2025 APR 28 AM 10:14

RECEIVED

2025 APR 29 PM 1:50

FILED

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

The name of the Limited Liability Company is:

GOZU REAL ESTATE 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:19109 SW 80TH CT
CUTLER BAY, FL 33157**Mailing Address:**19109 SW 80TH CT
CUTLER BAY, FL 33157**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:

DIANA BANKS-BASERVA

Name

17945 SW 97TH AVE APT 509Florida street address (P.O. Box **NOT** acceptable)PALMETTO BAY

City


FL

State

33157

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..


Diana Banks-Baserva 407.24.2025.15.25.07

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV.

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMRR

EUGENIA GUADALUPE GONZALEZ PEREZ.

19109 SW 80TH CT

CUTLER BAY, FL 33157

AMBR

DIEGO EUGENIO ZUNIGA GONZALEZ

704 S MYRTLE AVE APT 1806 -A

TEMPE, AZ 85281

(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.

EUGENIA GUADALUPE GONZALEZ PEREZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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Department of State

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