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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	Marea Holdings, LLC			
4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		of Limited Liabil	ity Company	
The en	closed Articles of Organization and fee	s) are submitted	for filing.	
Please	return all correspondence concerning th	is matter to the	following:	
	Kathryn Wood, Esq.			
		Name of	Person	
	Ainsworth & Clancy, PLLC			
		Firm/Co	mpany	
	801 Brickell Ave. 8th Fl.			
		Addı	ess	
	Miami, Fl. 33131			
	info@business-esq.com	City/State an	d Zip Code	
	E-mail address: (to be	used for future a	unnual report notificati	ion)
For furth	ner information concerning this matter.	olease call:		
	Kathryn Wood	305 nt (6003816	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for the following amount:			
≣\$ 125	5.00 Filing Fee	s Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section D	ivision
	Division of Corporations P.O. Box 6327		The Centre of Tallah; 2415 N. Monroe Stre	issee

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Marea Holdings, 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: Mailing Address:					
Principal Office Address:	Mailing Address:				
<u>Principal Office Address</u> : 1100 Brickell Bay Dr. #310747	Mailing Address:				
·					

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

Ainsworth & Clancy, PLLC
Name

801 Brickell Ave. 8th FL

Florida street address (P.O. Box NOT acceptable)

Miami FL 33131

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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	CANTABRICO, LLC 360 NW 27 STREET MIAMI, FL 33127	
		2023 H
		HAR 27
		173
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to	or 90 days after
the document's effective date on the Department	not meet the applicable statutory filing requirements, this date whent of State's records.	fill not be listed as
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Kat	hryn Wood a onember or an authorized representative of a member.	
This document is ex I am aware that any	a chember or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b). Florida Statistics information submitted in a document to the Department of Segree felony as provided for in s.817.155, F.S.	lutes. State

Kathryn Wood - Attorney & Authorized Representative
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)