

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

maxs 1204 llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAXS 1204 LLC, a Florida Limited Liability Company

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

13060 Mar Street, Coral Gables, Florida, 33156

Mailing Address:

13060 Mar Street, Coral Gables, Florida, 33156

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:

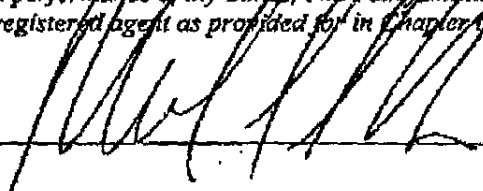
Name: Roberto E. Fleitas

Florida street address (P.O. Box NOT acceptable): 782 NW Le Jeune Rd., # 530

City, State, and Zip: Miami, Florida 33126

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 608, FS.

Registered Agent's Signature (REQUIRED) _____



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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name**Address:**

MGRM

AGUSTIN J. PEREZ 13060 Mar Street,
Coral Gables, Florida, 33156.

MGRM

MARIA E. PEREZ 13060 Mar Street,
Coral Gables, Florida, 33156.

MGRM

SANDY PEREZ 13060 Mar Street,
Coral Gables, Florida, 33156.

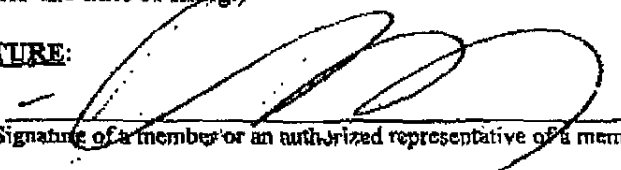
MGRM

XAVIER PEREZ 13060 Mar Street,
Coral Gables, Florida, 33156.

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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.)

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

AGUSTIN J. PEREZ, MGRM
Typed or printed name of signer

Prepared by: Roberto P. Fleitas, Esq.
782 NW Le Jeune Rd., # 530
Miami, Florida 33126

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