

4/12/2021

Division of Corporations

L21000154164

Florida Department of State
Division of Corporations
Electronic Filings Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax account number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MAXIMA CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ATTORNEY GENERAL SERVICES

2021 APR 12 AM 11:34
2021 APR 12 PM 12:25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAXIMA CARE 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:

8904 SW 220TH LN
CUTLER BAY, FL 33190

8904 SW 220TH LN
CUTLER BAY, FL 33190

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:

JUAN C SALGUEIRO

Name

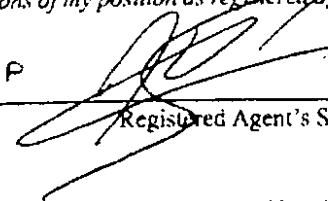
8904 SW 220TH LN

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

CUTLER BAY FL 33190
City State Zip

2021 APR 12 AM 11:34
11:11:30 AM
11:11:30 AM

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)

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

JUAN C SALGUEIRO
8904 SW 220TH LN
CUTLER BAY, FL 33190

AMBR

HUMBERTO MIRANDA
1221 SW 132 CT
MIAMI, FL 33184

AMBR

JOAN RODRIGUEZ
12728 SW 64 TER
MIAMI, FL 33183

AMBR

MANUEL LENZA
12006 SW 79 LN
MIAMI, FL 33183

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FILED
STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION DIVISION

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

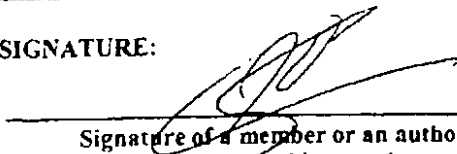
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

JUAN C SALGUEIRO-OWNS 25%. HUMBERTO MIRANDA-OWNS 25%. JOAN RODRIGUEZ-OWNS 25%
MANUEL LENZA-OWNS 25%

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.

JUAN C SALGUEIRO
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)