

L2100003373763  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

((H21000337376 3)))



H210003373763ABC%

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

Tc:

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

FzCM:

Account Name : FLL BUSINESS SOLUTION CORP  
Account Number : 120190000092  
Phone : (754) 202-8663  
Fax Number : (754) 636-3620

2021. 3. 11. 8:16

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

Email Address: FLLBusiness@outlook.com

**FLORIDA LIMITED LIABILITY CO.**  
**MAX RODRIGUEZ LLC**

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

2021 SEP 13 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FL.

## Electronic Filing Menu

Corporate Filing Menu

Help

H21000337376 3

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MAX RODRIGUEZ LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

XIANNY CHINCHILLA

Name of Person

FLL BUSINESS SOLUTION CORP

Firm/Company

8350 W STATE ROAD 84

Address

DAVIE, FL 33324

City/State and Zip Code

FLLBusiness@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIANNY CHINCHILLA      754      202-8663  
at (      )  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 SEP 13 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAX RODRIGUEZ 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:500 14TH STREETAPT 201MIAMI BEACH, FL. 33139Mailing Address:500 14TH STREETAPT 201MIAMI BEACH, FL. 33139**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:

FLL BUSINESS SOLUTION CORP

Name


8350 W STATE ROAD 84Florida street address (P.O. Box **NOT** acceptable)DAVIEFLORIDA33324

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)

(CONTINUED)

2021 SEP 13 PM 4:20  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

H21000337376 3

**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  
Note: Max is middle name  
Rodriguez Zamora last name

JOSE MAX RODRIGUEZ ZAMORA  
500 14TH STREET APT 201  
MIAMI BEACH, FL. 33139

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 09/10/2021 (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 in the document's effective date on the Department of State's records

**ARTICLE VI:** Other provisions, if any.

THE PURPOSE IS GRAPHIC DESIGN, INCLUDING TATTOOS, SOCIAL MEDIA MARKETING AND ANY  
ALL LAWFULL BUSINESS

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.9203 (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.

JOSE MAX RODRIGUEZ ZAMORA

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)

H21000337376 3

2021 SEP 13 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FL