## 00014749

\*\*\*\*125.00 \*\*\*\*125.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MX/	nus L.L.			
((	Corporation Name)	(Document #)		
2.				
(0	Corporation Name)	(Document #)		
3	Corporation Name)	(Document #)		
<b>1</b>				WL 1 ~
((	Corporation Name)	(Document #)	9	: E.V. 8/29
Walk in	Pick up time		Certified Copy	ISIONE ISIONE
☐ Mail out	☐ Will wait	☐ Photocopy	Certificate of States	<b>、</b> ♀₹~
A THINK'S A STREET AND A COLOR	~		5	로 꾸무다 유소
NEW FILINGS	<u>S</u>	AMENDMENTS		STATE ORATION
Profit		Amendment		5 25 T
Not for Pro		Resignation of R.	A., Officer/Director	
Limited Lia Domesticati		Change of Regist Dissolution/With		
Other	<u>.</u> .	Merger	dawai _	
OTHER FILIN	<u>IGS</u>	REGISTRATION/Q	UALIFICATION	
☐ Annual Rep	nort	☐ Foreign		
Fictitious N		Limited Partnersh	in	
	•	Reinstatement	<b>-</b>	
		Trademark		
		☐ Other		
				<del></del>

CR2E031(7/97)

**Examiner's Initials** 



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 16, 2001

MAX(MUS L.L.C., EAGEES UNLIMITED, INC. 11310 S. ORANGE BLOSSOM TR. ORLANDO, FL 32837-9421

DIVISION OF CORPORATIONS

Upon receipt of your letter and/or check(s) totaling \$125.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Thanks for sending it back here is the rest. Thanks

Brenda Tadlock Sr. Corporate Section Administrator

Letter Number: 901A00047004

P.5.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		.*
The name of the Limited Liability Company is:		
MAXIMUS L.L.C.		
ARTICLE II - Address:	ı	
The mailing address and street address of the principal	office of the Limited Liability	/ Company is:
11310 South Orange Blomon	TE PRIAMA	Ŧ1 2002°
ARTICLE III - Registered Agent, Registered Office	, & Registered Agent's Sign	ature:
The name and the Florida street address of the registers		
Name		
Name		-
	Orange Blossom	T.
Florida street address (P.O. Bo	Crange Diomom	IF.
City, State, and	FL 32837	
	ate, I hereby accept the appoint ther agree to comply with the parties of my duties, and I am famil that as provided for in Chapter 6 ent's Signature	ntment as provisions of all liar with and
Article IV - Management (Check box if applicable.)	)	
The Limited Liability Company is to be managed	by one manager or more mana	agers and is,
therefore, a manager - managed company.  (An additional article must be added if	San/affactive data is manual.	DI VISE
the additional arche mast be added in	ar enecuve date is requested	
= Sava	felf.	24
Signature of a member or an authorize	-	₹ 299°
(In accordance with section 608.408(3), of this document constitutes an affirmation that the facts stated herein are true.)	Florida Statutes, the execution on under the penalties of perjury	AM 4: 01
DAVID HILL Typed or printed nam	og of sinnea	<b>37</b>
ryped or printed man	ie of signee	•
#7588 175		

\$190.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)