

L02000020809

August 9, 2002

REGISTRATION SECTION
DIVISION OF CORPORATIONS
POST OFFICE 6327
TALLAHASSEE, FL 32314

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-08/14/02--01011--002
****160.00 ****160.00

Dear Sir or Madam:

Attached to this I am sending the corresponding articles to incorporate MAXI'S LLC., for that purpose I am acting as an authorized representative of the members, and the following is the information required:

Name : Cesar A. Nolasco
Address : 12615 SW 54th Court
Miramar, FL 33027

Phones : (305)892-9500 day time
(305)829-0872 night time.

FILED
02 AUG 14 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sincerely,


Cesar Nolasco

Incl.: Articles of incorporation

Check payable to Florida Department of State

AL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAXI'S LLC

ARTICLE II - Address:

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

170 NW 78th Terrace Building 2 Apartment 204 Pembroke Pines, FL 33024

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Cesar A. Nolasco

Name

12615 SW 54th Court

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

Miramar FL 33027

City, State, and 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 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Maria E. Nolasco

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.)

Maria Elena Nolasco

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)