

Laura Obert-Thorn

Requestor's Name

6559 Newport Lake Circle

Address

Boca Raton, FL 33496

City/State/Zip

Phone #

Office Use Only

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

1. Maia, LLC
(Corporation Name)

(Document #)

2. _____
(Corporation Name)

(Document #)

700007657387--5

-09/11/02--01015--006

****125.00 ****125.00

3. _____
(Corporation Name)

(Document #)

700007657387--5

-09/25/02--01083--001

*****35.00 *****35.00

4. _____
(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
02 SEP 25 AM 8:51
TALLAHASSEE, FLORIDA

gpe ust

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 12, 2002

LAURA OBERT-THORN
6559 NEWPORT LAKE CIRCLE
BOCA RATON, FL 33496

SUBJECT: MAIA
Ref. Number: W02000026539

02 SEP 25 AM 8:51
MAIA, ROBERT, FLORIDA

We have received your document for MAIA and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 602A00052336

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maia LLC

ARTICLE II - Address:

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

6559 Newport Lake Circle
Boca Raton, FL 33496

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

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

Laura Verne Obert-Thorn

Name

6559 Newport Lake Circle

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

Boca Raton, FL 33496

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.

Laura Verne Obert-Thorn

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)

Laura Obert-Thorn
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.)

Laura Verne Obert-Thorn

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)

→ added now - check entered