

U030000038559

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(Address)

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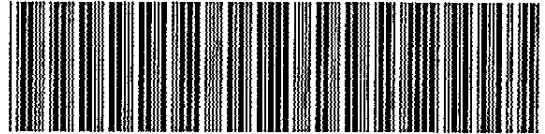
(Business Entity Name)

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U03-38559
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Transmittal Letter

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SUBJECT: MAXICOM LLC

Enclosed are an original and one copy of the Articles of Maxicom a limited liability company. Please return to us a stamped copy of the Articles.

FROM:

Kalliopi Alford
18040 SW 139 CT
Miami, FL 33177

ARTICLES OF
MAXICOM LLC

The undersigned company, for the purpose of forming a new company under the Florida Business Act, hereby adopts the following articles of Maxicom LLC

ARTILCE I

The name of the limited liability company shall be: **MAXICOM LLC.**

ARTICLE II

The company shall have perpetual existence unless dissolved voluntarily or involuntarily.

ARTICLE III

The company may engage in any activity of business permitted under the laws of the State of Florida and The United States of America.

ARTICLE IV

The company shall have the power to amend these articles at any time to provide for the preferences for the different provisions for the preferences, limitations, and relative rights in respect.

ARTICLE V

The principal place of business and mailing address of this company shall be:

18040 SW 139 CT
Miami, FL 33177

ARTICLE VI

The initial number of company directors shall be no less than one (1) and not more than five (5). The number of directors may be raised or lowered by amendment of the by-laws of the company but shall in no case be less than one (1).

ARTICLE VII

The name and address of the member of the board of directors of this limited liability company is as follows:

Kalliopi Alford
18040 SW 139 CT
Miami, FL 33177

ARTICLE VIII

The name and street address of the Owner of these Articles is:

Kalliopi Alford
18040 SW 139 CT
Miami, FL 33177

ARTICLE IX

The name and address of the first officer of this company is as follows:

Kalliopi Alford
18040 SW 139 CT
Miami, FL 33177

ARTICLE X

The name and address of the first subscriber to the capital of this company is as follow:

| <u>Name and Address</u> | <u>Amount</u> |
|---|---------------|
| Kalliopi Alford 18040 SW 139 CT Miami, FL 33177 | \$100.00 |

ARTICLE XI

The name and address of the registered agent of this company is:

Kalliopi Alford
18040 SW 139 CT
Miami, FL 33177

The undersigned of the company has executed these Articles this 30th day of September 2003.



Kalliopi Alford
18040 SW 139 CT
Miami, FL 33177

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/ REGISTERED OFFICE.

PURSUANT TO THE PROVISIONS OF SECTION 608.407, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,
SUBMITTS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the company is: MAXICOM LLC

The name of the registered agents and office are:

Kalliopi Alford
18040 SW 139 CT
Miami, FL 33177

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS
FOR THE ABOVE STATED 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 ALL THE PROVISIONS OF ALL STATUTES
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY DUTIES, AND I AM
FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Signature

Kalliopi Alford

Date: September 30, 2003
