

05/25/2004 22:18

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XIOMARA LEE P.A.

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : XIOMARA LEE, P.A.
Account Number : I200400000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

LIMITED LIABILITY COMPANY

MAXI SERVICE LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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J. BRYAN MAY 26 2004

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2004 MAY 25 AM 10:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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04 MAY 25 PM 3:30
DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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SHUCHA SE CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAXI SERVICE LLC

ARTICLE II - Address:

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

Principal Office Address:12621 NW 7TH LN MIAMI, FL 33182Mailing Address:12621 NW 7TH LN MIAMI FL 33182

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

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

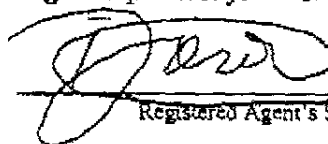
DORIS VARGAS

Name

12621 NW 7TH LNFlorida street address (P.O. Box NOT acceptable)MIAMI,FLORIDA 33182

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, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

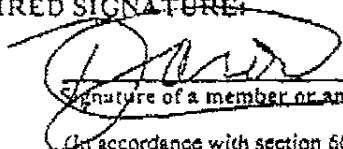
"MGRM" = Managing Member

Name and Address:MGRDORIS VARGAS12621 NW 7TH LNMIAMI, FL 33182MGRMANTONIO J. INSAUSTI12621 NW 7TH LNMIAMI, FL 33182

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

DORIS VARGAS

Typed or printed name of signer

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)