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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	sin ess Entity Na	me)
(Do	ocument Number	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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04 MAY 27 PM 3: 00

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TRANSMITTAL LETTER

SUBJECT: MAXALICIOUS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAX A. CANTER
(Name of Person)

MAXALICIOUS, LLC
(Firm/Company)

L62 SOUTHEAST 27th PL

(Address)

BOUNTON BEACH, FL 33435
(City/State and Zip Code)

For further information concerning this matter, please call:

MAX A. CANTER

at (S61) 350.3999

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

DIVISION OF CORPORATIONS

04 MAY 27 PM 3: 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	•
MAXALICIOUS	LLC
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address: 162 SOUTHEAST Z7thPL	Mailing Address: 162 SOUTHEAST 27 ¹⁴ PL
BOYNTON BEACH, FL	BOYNTON BEACH, PL
33435	33435
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the MAX A. Name 162 SOURIEAST Florida street address (P. City, State,	registered agent are: CANTER CANTER THAY 27 PH OF STATE O. Box NOT acceptable) H FLORIDA 33435
Having been named as registered agent and to accept se company at the place designated in this certificate, I her agree to act in this capacity. I further agree to comply wi and complete performance of my duties, and I am famili registered agent as provided for my	reby accept the appointment as registered agent and ith the provisions of all statutes relating to the proper iar with and accept the obligations of my position as

Page 1 of 2 (CONTINUED)

The name and address of each Manager	or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	MAX A. CANTER 162 SOUTHBAST 27 BOYNTON BEACH, FL	η PI	5435
			2.4
<u> </u>			ء د ج - ست
		_ 	
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is requested.	04	DIV.
(In accordance with section 608.	uthorized representative of a member. 408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	04 HAY 27 PM 3: 00	FILED LICRETARY OF STATE ISION OF GORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

<u>Filing Fees:</u> \$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)

F125.00

A. CANTE