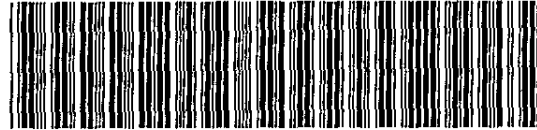


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2004 JUL 15 P 3:43

(Requestor's Name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700038372117

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

FILED

TO: Amendment Section  
Division of Corporations

2004 JUL 15 P 3:43

SUBJECT: MAXX SMILES  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSIE OR DOUGLAS REED  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9 RABBITS RUN  
(Address)

PALM BEACH GARDENS FL 33418  
(City/State and Zip Code)

For further information concerning this matter, please call:

Susie Reed at (561) 622-6423  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAXX SMILES

2001 JUL 15 P 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

9 Rabbits Run  
PALM BEACH GDNS  
FLA 33418

**Mailing Address:**

9 Rabbits Run  
PALM BEACH GDNS  
FLA 33418

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

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

Susie C. Reed

Name

9 RABBITS RUN

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

PALM BEACH GDNS FLORIDA 33418

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..*

Susie C. Reed

Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

DOUGLAS M. REED  
9 RABBITS RUN  
PALM BEACH Gdns FI 33418

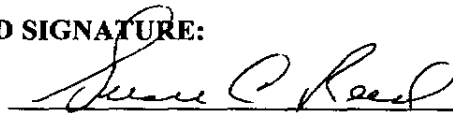
MGRM

SUSIE C. REED  
9 RABBITS RUN  
PALM BEACH Gdns FI 33418

(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.)

Susie C. Reed

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)