

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 : FALLACE & LARKIN, L.C.
Account Number : I20000000191
Phone : (321) 951-9900
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Maxwell V.S., LLC

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

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

ARTICLE I - NAME

The name of the Limited Liability Company is Maxwell V.S., LLC.

ARTICLE II - ADDRESS

Principal Office Address:

Mailing Address:

425 Spring Lake Dr.
Melbourne, FL 32940

425 Spring Lake Dr.
Melbourne, FL 32940

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

Fallace & Larkin, L.C.
1900 S. Hickory Street, Ste. A
Melbourne, FL 32901

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.


James H. Fallace

ARTICLE IV- MANAGER(S) OR MANAGING MEMBER(S)

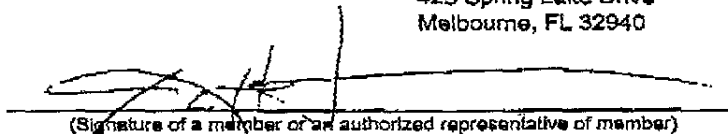
The name and address of each Manager or Managing Member is as follows:

Title
"MGR" = Manager
"MGRM" = Managing Member

Name and Address

MGRM

Thomas S. Swalm
425 Spring Lake Drive
Melbourne, FL 32940


(Signature of a member or an authorized representative of 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.)

James H. Fallace
(Printed Name)

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