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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 : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

MAXXIMUSIC PRODUCTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MAXXIMUSIC Productions LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
16762 NW 13th Street	16762 NW 13th Street
Pembroke Pines, FL 33028	Pembroke Pines, FL 33028

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Carlos E. Garcia, CPA
Name

4995 NW 72nd Avenue, #206
Florida street address (P.O. Box NOT acceptable)

Miami FLORIDA 33166
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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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	Marcello Luiz Azevedo 16762 NW 13th Street Pembroke Pines, FL 33028
MEMBER	Cynthia Karina Moreno 16762 NW 13th Street Pembroke Pines, FL 33028

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

P.O.A., R.A.

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.)

Carlos E. Garcia

Typed or printed name of signee

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