

LO5000022674

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000051685 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED  
05 MAR -7 AM 8:55  
STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 MAR -7 AM 9:34

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
MAXICON LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 3, 2005

FAS-T CORP. AGENTS, INC.

SUBJECT: MAXICON LLC  
REF: W05000011003

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You can only list one registered agent on the document. The person you list must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

FAX Aud. #: H05000051685  
Letter Number: 505R00014866

RECEIVED

05 MAR -7 AM 9:34

DIVISION OF CORPORATION

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAR -7 AM 8:55

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAXICON 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:

12550 Biscayne Blvd #204

SAME

No. Miami, FL 33181

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

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

ANDRES KLEIN

Name

12550 Biscayne Blvd #204

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

No. Miami

FL 33181

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, F.S..

Registered Agent's Signature

(CONTINUED)

FILED  
05 MAR -7 AM 8:55  
STATE OF FLORIDA  
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


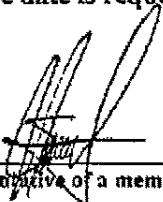
**Name and Address:**

MGRM	Samuel Naierman 12550 Biscayne Blvd #204 No. Miami, Fl 33181
MGRM	Andres Klein 12550 Biscayne Blvd #204 No. Miami, Fl 33181

(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.)

SAMUEL NAIERMAN / ANDRESS KLEIN

Typed or printed name of signee

FILED  
 05 MAR -7 AM 8:55  
 SHARON LEE, CLERK  
 TALLAHASSEE, FLORIDA