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### TRANSMITTAL LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: <u>Re</u>	almax Investm (Name of Limited	CLOTS, U.C. d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Annual Annua	Ann Bi	Hinger Name of Person)	
- more de	The Bittings	y Vaw Firm Firm/Company)	
239	Ponte Veara	Park DV. (Address)	
	Ponte (City)	VLAVA BEACH State and Zip Code)	, FL, 32082
For further information	concerning this matter, please	call:	
Ann Bitti (Name	of Person)	at ( <u>904</u> ) <u>285 -</u> (Area Code & Daytime Te	- 8550 elephone Number)
Enclosed is a check for	or the following amount:	•	
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING ADDRESS:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is RealMax Investments, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6817 Southpoint Pkwy, Suite 604, Jacksonville, FL 32216.

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

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

Ann Bittinger, Esq.
238 Ponte Vedra Park Drive, Suite 102
Ponte Vedra Beach, FL 32082

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 provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

#### ARTICLE IV - MANAGERS OR MANAGING MEMBER(S):

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

W.E. Andre, M6P-6817 Southpoint Pkwy, Suite 604 Jacksonville, FL 32216.

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.)