

L05000/18558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

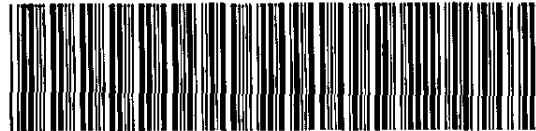
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

LN 12/13/05

**A. BICE HOPE**

ATTORNEY AT LAW  
POST OFFICE BOX 5217  
GAINESVILLE, FLORIDA 32627-5217  
(352) 371-2066  
FAX (352) 376-2128

November 22, 2005

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Articles of Organization of  
The Maxed, L.L.C.**

Dear Sir or Madam:

Enclosed please find the original Articles of Organization for the above-referenced.

Also enclosed, please find my check in the amount of \$155.00 for the following:

1. \$100.00 Filing fee;
2. \$ 25.00 Registered Agent Fee; and
3. \$ 30.00 Certified Copy.

Please file this as is appropriate and return to me a certified copy of the recorded articles.

Thank you for your attention to this matter.

Yours very truly,



A. Bice Hope

ABH/pj  
Enclosures

DARABI\COVERLTR.MAXED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF

THE MAXED, L.L.C.

\* \* \* \* \*

ARTICLE I - NAME

The name of the limited liability company is

THE MAXED, L.L.C..

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the limited liability company are:

Mailing Address: 730 North Waldo Road  
Suite "A"  
Gainesville, Florida 32601

Street Address: 730 North Waldo Road  
Suite "A"  
Gainesville, Florida 32601

ARTICLE III - Registered Agent

The name and the Florida street address of the Registered Agent are:

Name: A. Bice Hope, Esquire  
Street Address: 408 West University Avenue  
Suite #406  
Gainesville, Florida 32601


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

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familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Fla. Stats. (2005).

  
\_\_\_\_\_  
A. BICE HOPE, ESQUIRE

I understand that under §608.408(3), Fla. Stats. (2005) my execution of this document constitutes an affirmation, under penalty of perjury, that the facts stated herein are true.

  
\_\_\_\_\_  
FRANK A. DARABI, Member  
THE MAXED, L.L.C.

DARABI\ART-ORGANIZE.MAXED

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA