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(Requestor's Name)				
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(Business Entity Name)				
(Business Emily Marile)				
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COVER LETTER

TO:	Registration Se Division of Co						
SUBJ	ECT: Prosei	max, LLC (Name of Limite	d Liability Compa	my)			
The en	wlosed Awioles o	f Organization and fee(s) are s	ubmitted for filing	,			
		ondence concerning this matte					
			_		06 FEB		
	Ana Maria DeSantis (Name of Person)						
	(Firm/Company)						
	860 NW 86 Avenue #613						
	(Address)						
	Plantatio	n, Florida 33324	,				
	1 1011150150		/State and Zip Code	:)			
For fu	rther information	concerning this matter, please	call:				
Joan	Joanne Capuano _{at (} 561) 366-9144						
(Name of Person)			(Area Code & Daytime Telephone Number)				
Enclo	sed is a check fo	or the following amount:					
Ø \$12	5.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation stillding secutive Center FE 32301	ns : Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Prosemax, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")						
Principal Office Address:	Mailing Address:					
860 NW 86 Avenue #613	860 NW 86 Avenue #613					
Plantation, Florida 33324	Plantation, Florida 33324					
The name and the Florida street address of the real Maria DeSantis Name	1 102					
860 NW 86 Avenue #613	3					
Florida street add	ress (P.O. Box NOT acceptable)					
Plantation, FL 33324 FL						
City, State, and Zip						
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S					
Chra De Sant Registered Agent's Signati	W2					

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Liliana T. Benavides 860 NW 86 Avenue #613 Plantation, Florida 33324 MGR Ana Maria DeSantis 860 NW 86 Avenue #613 Plantation, Florida 33324 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Ana De Santis

Typed or printed name of signee

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE TALLAHASSES, FLORIDA