## (0600042366

(Re	questor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		





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SECULIARY OF SIME

W4-4366

## **COVER LETTER**

TO: Registration Solution of Co		•				
SUBJECT: MAYA	AMAN EQUITIES, I			·	<del>_</del>	
	(Name of Limite	d Liability Comp	any)			
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filin	g.			
Please return all corresp	pondence concerning this matte	er to the following	ŗ:			
Barbara I	P. Schwartz					
	(	Name of Person)				<del>.</del>
Arnold S.	Goldstein & Asso	ociates				
<del></del>	(	Firm/Company)		· · · · · · · ·		
2500 N.	Military Trail # 20	60		<u>-</u>		
<del></del>		(Address)				
Boca Ra	ton, FL 33431				32 SE	2636 APR 21 PM 2: 05
<del></del>	(City	State and Zip Code	<del>;</del> )			P
For further information	concerning this matter, please	call·			32.2 22.2	21
to farmer mornanon	concerning this matter, pouse	cair.			TO THE	7
Barbara P. Sc		at ( 561	953-10			$\dot{\psi}$
(Name	e of Person)	(Area Cod	ie & Daytime To	elephone Numbe	r) 言言	05
Enclosed is a check for	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	•	S160.00 Certificate Certified ( (additional co	of Status Copy	&
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exe	ourier Addrestion Section of Corporation Suilding ecutive Center Sec. FL 32301	ns Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:
MAYAMAN EQUITIES, LLC (Must end with the words "Limited Liability Co	ompany, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	2048 Cape Heather Circle Cape Coral, FL 33991
	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another on.)
The name and the Florida street add	ress of the registered agent are:
Gary S. Young	Name
2048 Cape He	· · · · · · · · · · · · · · · · · · ·
	rida street address (P.O. Box NOT acceptable)
Cape Coral	FL 33991 City, State, and Zip
liability company at the place des registered agent and agree to act in statutes relating to the proper and accept the obligations of my posi	gent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all complete performance of my duties, and I am familiar with and ition as registered agent as provided for in Chapter 608, F.S
Registered A	Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member		Name and Address:		
MGRM		Gary S. Young Trust U/D/T 4/10/06	ŝ	
<u></u>		2048 Cape Heather Circle	<del>-</del> .	
•		Cape Coral, FL 33991		
MGRM		Susan B. Young Trust U/D/T 4/10/06	6	
		2048 Cape Heather Circle	<u>-</u>	
		Cape Coral, FL 33991	<u> </u>	
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			<u> </u>	· -
			<del>70</del> =	,
				=
(Use attachment if necessary)			2: 05 S.M.	
ICLE V: Effective date, if other than the	the date	e of filing:	(OPTIONAL)	
in effective date is listed, the date must			,	
90 days after the date of filing.)	•			
		1		
DECLIDED SIGNATURE.				
REQUIRED SIGNATURE:	//			
~///				
Signature of a mem	nber or	an authorized representative of a member	- `•	
(In accordance with of this document corthat the facts state	nstitute	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)	7	
Gary S. Young				
	Typed	or printed name of signee	•	•

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)