

Division of Corporations

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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20C10000247  
Phone : (800)494-3124  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Maxie's, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

MAXIE'S, LLC

**ARTICLE II: Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

10194 CARRIAGE HOUSE CT

JACKSONVILLE, FL 32221

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

SHI-LARIE MAXWELL-MCCLAIN

10194 CARRIAGE HOUSE CT

JACKSONVILLE, FL 32221

Having been named as registered agent 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.

x. *Shi-Larie Maxwell-McClain*

SHI-LARIE MAXWELL-MCCLAIN/ Registered Agent's Signature

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MAXIE'S, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

**Managing Member:**

SHI-LARIE MAXWELL-MCCLAIN

10194 CARRIAGE HOUSE CT

JACKSONVILLE, FL 32221

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x *Shi-Larie Maxwell-McClain*

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.)

SHI-LARIE MAXWELL-MCCLAIN

Typed or printed name of signee

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