

Division of Corporations

Page 1 of 1

**L06000109575**

**Florida Department of State  
Division of Corporations  
Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000272956 3)))



H060002729563ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**  
Division of Corporations  
Fax Number : (850) 205-0383

**From:**  
Account Name : THE FLORIDA COMPANY  
Account Number : 120060000001  
Phone : (608) 927-5300  
Fax Number : (608) 824-0405

**FILED**  
**06 NOV 13 AM 8:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**MaxCredit llc**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$125.00</b>

**RECEIVED**  
**06 NOV 13 AM 8:07**  
**DIVISION OF CORPORATION**

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**FAX AUDIT # H06000272956 3**

**ARTICLES OF ORGANIZATION  
OF  
MaxCredit llc**

**ARTICLE I NAME**

The name of the limited liability company shall be: **MaxCredit llc**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 6336 Raleigh St #1201, Orlando, Florida 32835.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2046.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Leandro Gonzalez, 6336 Raleigh St #1201, Orlando, Florida 32835



The Florida Incorporating Company, Organizer  
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, The Florida Incorporating Company, 8025 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

FILED  
06 NOV 13 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FAX AUDIT # H06000272956 3**

**FAX AUDIT # H06000272956 3**

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **MaxCredit llc**

The name and address of the registered agent and office is Business Filings Incorporated,  
1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in  
the County of Leon.

Having been named as registered agent and to accept service of process for the above  
stated 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.

Signature:   
Mark Schiff, AYP

Date: November 10, 2006

FILED  
06 NOV 13 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FAX AUDIT # H06000272956 3**