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## **COVER LETTER**

	tion Section of Corporations		
SUBJECT: MA	XXX TRAVELS, LLC (Name of Limite	ed Liability Company)	wo <del>nt (* </del>
The enclosed Arti	icles of Organization and fee(s) are	submitted for filing.	
Please return all c	orrespondence concerning this matt	er to the following:	
FRANC	CIS LEWIS		
··········		(Name of Person)	
MAXX	TRAVELS, LLC		
		(Firm/Company)	
3305 A	ACAPULCO DRIVE		07 SK
		(Address)	<b>三</b>
MIRAN	MAR, FL 33023		3- P
		y/State and Zip Code)	7
For further inform	nation concerning this matter, please	call:	OTIANG -1 MM 8: 33
FRANCIS LE	EWIS	at ( 954 ) 894-470	
:	(Name of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a che	eck for the following amount:		
\$125.00 Filing	Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



July 24, 2007

FRANCIS LEWIS MAXX TRAVELS, LLC 3305 ACAPULCO DRIVE MIRAMAR, FL 33023

SUBJECT: MAXX TRAVELS, LLC Ref. Number: W07000035530



We have received your document for MAXX TRAVELS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 23, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 107A00046307

Joey Bryan Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	ty Company is:	
MAXX TRAVELS, LLC		
(Must end with the words "Limited Liabilit	y Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
	ddress of the principal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
3305 ACAPULCO DRIVE	3305 ACAPULCO DRIVE	0 =
MIRAMAR, FL 33023	MIRAMAR, FL 33023	
(The Limited Liability Company cannot ser business entity with an active Florida regi-	WIS	TAUG -1 AM 8: 33
	Name	<u> </u>
3305 ACAPI	ULGO DRIVE	
	Florida street address (P.O. Box <u>NOT</u> acceptable)	
MIRAMAR	FL 33023	
	City, State, and Zip	•
liability company at the place registered agent and agree to ac statutes relating to the proper o	ed agent and to accept service of process for the above stated li e designated in this certificate, I hereby accept the appointment of in this capacity. I further agree to comply with the provisions and complete performance of my duties, and I am familiar with position as registered agent as provided for in Chapter 608, F.	t as s of all and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR		FRANCIS LEWIS	
	<del></del> ,	3305 ACAPULCO DRIVE	-
		MIRAMAR, FL 33023	
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(Use attachment	if necessary)		
CLE V: Effective	date, if other than t	he date of filing: JUNE 14, 2007	ONAL)
	sted, the date must	t be specific and cannot be more than five business	
	GNATURE:		

(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.)

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)

FRANCIS LEWIS

\$ 5.00 Certificate of Status (Optional)