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SECRETARY OF STATE AND ANASSEE, FLORIDA

FILED

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Max-Ink Enterprises, LLC	
	(Name of Limited Liability Company)	
The e	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Alexandre' A. Ferbeyre	
-	(Name of Person)	-
	Max-Ink Enterprises	
	(Firm/Company)	-
	6654 sw 148 place ₹ ≥	_
	(Address)	amçı
	Miami, Florida 33193	ר ק
	(City/State and Zip Code)	
For fu	urther information concerning this matter, please call:	C
Ale	xandre' A. Ferbeyre at 954 937 6732	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclo	sed is a check for the following amount:	
\$125	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
•	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Compan	y is:			
Max-Ink Enterprises, LLC				
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
	he principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
6654 sw 148 place	4000 I I'll was at Point			
Miami, Florida 33193	4330 Hillcrest Drive			
Ivilatii, Fidilda 33 193	Building 23, Suite 718 Hollywood, Florida 33021			
	Hollywood, Florida 55021			
business entity with an active Florida registration.) The name and the Florida street address of Alexandre' A. Fer	SZ T			
, <u> </u>	lame			
4330 Hillcrest Dri	ve, Building 23, Apt 718			
Florida stre	et address (P.O. Box NOT acceptable)			
Hollywood, Florid	a 33021			
City, S	tate, and Zip			
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S			

(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 ,	Alexandre' A. Ferbeyre
	4330 Hillcrest Drive, Building 23, Apt 718
	Hollywood, Florida 33021
	SEC TALL
	AF HA
	AAV -
	SEE -8
	L S L
(Use attachment if necessary)	STATE LORIDA
	ne date of filing: (OPTION

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.)

Alexandre' A. Ferbeyre

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)