11000053189

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	₩AIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

MAY -5 2011

EXAMINER



600206959406

05/03/11--01010--024 **160.00

IN MAY -3 AM 9: 39
SECRETARY OF SINIE

COVER LETTER

TO:	Registration Section Division of Corporati	ions		
SUBJI	ECT: GMax Tra	nspo		
		Name of Limit	ed Liability Company	
The en	closed Articles of Organ	ization and fee(s) are	submitted for filing.	
Please	return all correspondence	e concerning this matt	er to the following:	
	GUIDO J. MO	DRA		
			Name of Person	
	GMax Transp	0		
			Firm/Company	
	21495 sw 183	ave		
			Address	
	Miami, FI 33187			
			y/State and Zip Code	
	gmaxtranspo@he		or future annual report notification)	
			-	
For fu	ther information concern	ing this matter, please	e call:	
Guio	lo J Mora		at (786) 346-4265	
	Name of Person	n	Area Code & Daytime Telep	phone Number
Enclo	sed is a check for the fo	ollowing amount:		
\$125.0		0.00 Filing Fee & tificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divis P.O.	ling Address stration Section sion of Corporations Box 6327 ahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of	the Limited Liability Cor	mpany is:	
GMax Tr	anspo, LLC		
	(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing a		s of the principal office of the Limited Lia	bility Company is:
Principal Office Address:		Mailing Address:	
21495 sw 183	3 ave	21495 sw 183 ave	
Miami, FI 331	87	Miami, FI 33187	
_	vith an active Florida registration I the Florida street addres Guido J. Mora	ss of the registered agent are:	TALL'A
		Name	MAY -3 CRETARY L'AHASSI
	21495 sw 1	83 ave	
	Floric	la street address (P.O. Box <u>NOT</u> acceptable)	AH 9: 39 OF STATE
	Miami	_{FL} 33187	9: 3
		City, State, and Zip	DA G
liability c registered ag statutes rel	ompany at the place desig gent and agree to act in th ating to the proper and co	nt and to accept service of process for the a gnated in this certificate, I hereby accept the is capacity. I further agree to comply with omplete performance of my duties, and I am on as registered agent as provided for in Cl	e appointment as the provisions of all 1 familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

"Me	l <u>e:</u> GR" = Manager GRM" = Managi	ing Member	Name and Address:
MG	R		Guido J. Mora 21495 sw 183 ave Miami, Fl 33187
(Us	e attachment if n	necessary)	· · · · · · · · · · · · · · · · · · ·
FICLE n effect	V: Effective date	e, if other than the o	date of filing: (OPTIONAL) specific and cannot be more than five business days pr
ΓICLE n effect r 90 day	V: Effective date ive date is listed is after the date QUIRED SIGN	e, if other than the of the date must be of filing.) ATURE:	specific and cannot be more than five business days pr
ΓICLE n effect r 90 day	V: Effective date ive date is listed vs after the date OUIRED SIGN Sign (In accordance constitutes I am aware	e, if other than the of the date must be of filing.) ATURE: gnature of a member ance with section 608.	

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)