L11000/06/68

(Ře	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Bu	isiness Entity Nan	ne)		
. (Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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Effective Date 9-13-11

09/15/11--01027--007 **130.00

2011 SEP 15 AM 8: 43
SECRETARY OF STATE

J. SAULSBERRY EXAMINER SEP 16 2011

COVER LETTER

TO: Registration of	on Section Corporations		
SUBJECT: MAX	XBUILT LLC		
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
MICHA	EL NABAVI		
<u> </u>		Name of Person	
MAXBI	JILT LLC		
		Firm/Company	
6801 W	ALLACE ROAD	, , ,	OIII SEP
		Address	
ORLAND	OO, FL 32819	, of the	7 5 F
	Cit	ty/State and Zip Code	STATE S.
<u></u>		habavi @ aol.com for future annual report notification)	8 <u>¥</u> œ
		, , , , , , , , , , , , , , , , , , ,	ζ'`` ω
For further informat	ion concerning this matter, pleas	e call:	
Linda Nabavi		at (407) 765-5507	
Na	me of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R'	T.	ŀС	LE	I	-	Na	me	:
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The name of the Limited Liability Company is:

MAXBUILT LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office A	<u>ddress:</u>	Mailing Address:		
12640 Park Avenue Windermere, FL 34		6801 Wallace Road Orlando, FL 32819		
(The Limited Liability Co business entity with an a		Office, & Registered Agent'ered Agent. You must designate an indiversity and the segment are:	_	7
	Name		("C	
6801 Wallace Road			AH 8: 4. FSTATE FLORID,	
	Florida street add	ress (P.O. Box NOT acceptable)	÷ 43	********
	Orlando	_{FL} 32819	> ω	
	City, Sta	te, and Zip		

Having been named as registered agent and 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	Michael Nabavi	
	12640 Park Avenue	
	Windermere, FL 34786	
		2011 SEC
		LAH.
		7.7
		8: _3 GRID
(Use attachment if necessary)		5 ω
(Ose attachment it necessary)		
CLE V: Effective date, if other than th	e date of filing: 9/13/2011	(OPTIONAL)
effective date is listed, the date must		
0 days after the date of filing.)	•	
REQUIRED SIGNATURE:		
	$\alpha \wedge \lambda$	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael Nabavi

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)