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EXAMINER



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COVER LETTER

Division of Con			
_{SUBJECT:} Intma	x.LLC		
		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this matt	ter to the following:	
Rauan K	uzembayev		
		Name of Person	
Intmax. l	LC		
	,	Firm/Company	,
5101 Co	llins Ave, Apt 8	Bs	
		Address	
Miami Beac			
Trot88@ho		y/State and Zip Code	
	E-mail address: (to be used i	or future annual report notification)	
For further information of	oncerning this matter, please	cali:	
Rauan Kuzemba		at (857) 2460951	
Name o	f Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check for	r the following amount:		
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate 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)
	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 C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ity Company, "L.L.C.," or "LLC.")
incipal office of the Limited Liability Company is:
Mailing Address:
5101 Collins Ave, Apt 8s Miami beach, FL 33140
d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another registered agent are:
a Ave, Apt 11
tress (P.O. Boy NOT acceptable)
FI CS (1.0. DOX (NOT acceptable)
ate, and Zip
accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Rauan Kuzembayev
	818 Pennsylvania Ave, Apt 11,
	Miami Beach ,FL 33139
	1
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must	ne date of filing: (OPTION be specific and cannot be more than five business d
days after the date of filing.)	-

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.)

Rangu Kuzembayer

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)