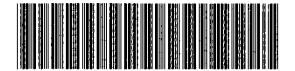
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EFFECTIVE DATE

SECRLIARY OF STATE FALLAHASSEE, FLORIDA

13 NOV 25 PM 2:

DEC - 6 2013

T. BROWN

	*	* COVE	R LETTER					
TO:	Registration S Division of Co			5,* •	Mg. Ya			
sur.		y Max Innovations, LL	C	<b>1</b>	ignormal de la companya de la compa			
20 00	LC1.	Name of Limit	ed Liability Comp	pany				
The e	nclosed Articles o	f Organization and fee(s) are	submitted for filin	g.				
Please	return all corresp	ondence concerning this matt	ter to the following	g:				
	Jack Lee							
	Name of Person							
	Property Max Innovations, LLC							
		4,-4,-4,-4,-4,-4,-4,-4,-4,-4,-4,-4,-4,-4	Firm/Company					
	1591 Hayley	/ Lane						
		Address						
	Ft Myers, Fi	33907						
	jlee@suncoa	City/State and Zip Code lee@suncoastreoholdings.com						
		E-mail address: (to be used	for future annual rep	port notification)				
For fu	ırther information	concerning this matter, please	e call:					
jack lee			239	849-1522				
	Name	of Person	Area Coc	_) le & Daytime Telep	phone Number			
Enclo	osed is a check f	or the following amount:						
■\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fill Certified C (additional co	•	\$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 Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I	<b>Name:</b> e Limited Liability Com	pany is:	THE PROPERTY OF STATE		
Property Max	Innovations, LLC		The state of the s		
	(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC,")	68 43		
ARTICLE II - The mailing add		of the principal office of the Limited L			
Principal Offic	e Address:	<b>Mailing Address:</b>	EFFECTIVE DATE		
1591 Hayley l		Same	11-21-13		
Ft Myers, Fl 3	3907				
·	an active Florida registration.) he Florida street address  Jack Lee	s of the registered agent are:			
•		Name			
	1591 Hayley Lane Ft Myers, Fl 33907				
	Florida street address (P.O. Box NOT acceptable)				
		FL			
		City, State, and Zip			
liahility com registered age all statutes re	pany at the place design ent and agree to act in th elating to the proper and	t and to accept service of process for the acted in this certificate. I hereby accept is capacity. I further agree to comply verificate for mance of my duties, and ion as registered agent as provided for	the appointment as with the provisions of ad I am familiar with		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Title:  "MGR" = Manager  "MGRM" = Managing Member	Name and Address:				
MGR	Jack Lee 1591 Hayley Lane Ft myers, Fl 33907				
•					
(Use attachment if necessary)  ARTICLE V: Effective date, if other that (If an effective date is listed, the date is prior to or 90 days after the date of filing the date of	n the date of filing: November 21, 2013 (OPTIONAL) must be specific and cannot be more than five business days g.)				
	confer 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.)					
Jack Lee	Typed or printed name of signee				
Filing Fees:	Typed of printed name of signee				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)