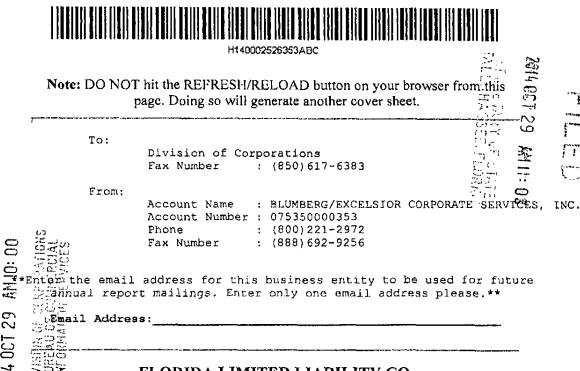


## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. MAP BUSINESS SERVICES, LLC

Certificate of Status	
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ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MAP BUSINESS SERVICES L		mited Liability Company, "L.L.C.," or "LLC.")	
		, , , , , , , , , , , , , , , , , , ,	
ARTICLE II - Address		ipal office of the Limited Liability Company Is:	
the maining address and	i street address of the princ	ipal office of the Elithted Blaomity Company is.	
Principal Office Addre	<u>:ss:</u>	Mailing Address:	
3359 BELVEDERE RD SUITE	H	3359 BELVEDERE RD SUITE H	
WEST PALM BEACH, FL 3340		WEST PALM BEACH, FL 33406	
ARTICLE III - Registo	ered Agent, Registered O	ffice, & Registered Agent's Signature:	
(The Limited Liability Canother business entity	ered Agent, Registered Or Company cannot serve as its with an active Florida regis la street address of the regi	s own Registered Agent. You must designate an stration.)	Individual of
(The Limited Liability Canother business entity The name and the Floric	Company cannot serve as its with an active Florida regis	s own Registered Agent. You must designate an stration.)	Individual o
(The Limited Liability Canother business entity The name and the Floric	Company cannot serve as its with an active Florida regis da street address of the regional MIGUEL PENA	s own Registered Agent. You must designate an stration.)	Allindividual 29 Milling
(The Limited Liability Canother business entity  The name and the Floric	Company cannot serve as its with an active Florida regis da street address of the regional MIGUEL PENA	s own Registered Agent. You must designate an stration.) stered agent are:	Editorio de la
(The Limited Liability Canother business entity  The name and the Floric	Company cannot serve as its with an active Florida regis da street address of the regional MIGUEL PENA	s own Registered Agent. You must designate an stration.) stered agent are: Name	Allindividual 29 Milling
(The Limited Liability Canother business entity  The name and the Floric	Company cannot serve as its with an active Florida regis da street address of the region MIQUEL PENA	s own Registered Agent. You must designate an stration.) stered agent are:  Name  D. Box NOT acceptable)	Allindividual 29 Milling

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 605, F.S..

(CONTINUED)

(REQUIRED)

Page 1 of 2

From:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGRM	MIGUEL PENA
	2860 TENNIS CLUB DRIVE STE 504
	WEST PALM BEACH, FL 33417
ALCOHOLD TO THE REAL PROPERTY OF THE PERTY O	
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Market and Market and the contract of the state of the st	17(
	الاقتران المراجع
	. — ·
EV: Effective date, if other than the certive date is listed, the date must be	<u> </u>
EV: Effective date, if other than the certive date is listed, the date must be f filing.)	late of filing: (OPTIONAL)
(Use attachment if necessary)  EV: Effective date, if other than the certive date is listed, the date must be filing.)  EVI: Other provisions, if any.	late of filing: (OPTIONAL)
E V: Effective date, if other than the certive date is listed, the date must be f filing.) E VI: Other provisions, if any.	late of filing: (OPTIONAL)
E V: Effective date, if other than the certive date is listed, the date must be f filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sections constitutes an affirmation I am aware that any false)	late of filing: (OPTIONAL)
E V: Effective date, if other than the certive date is listed, the date must be f filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.)
EV: Effective date, if other than the cetive date is listed, the date must be f filing.)  EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree.	ate of filing:

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