

From:

Division of Corporations

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L14000169060

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383
From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

RECEIVED

14 OCT 29 AM 10:00

INVESTOR OF CORPORATIONS
BUREAU OF CORPORATE SERVICES
INFORMATION SERVICES

FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS

2014 OCT 29 AM 11:03

FILED

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

FLORIDA LIMITED LIABILITY CO.
MAP BUSINESS SERVICES, LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (0), Page Count (03), and Estimated Charge (\$125.00).

OCT 30 2014
A. LUNST

From:

10/29/2014 10:32

#132 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAP BUSINESS SERVICES 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 Address:

Mailing Address:

3359 BELVEDERE RD SUITE H
WEST PALM BEACH, FL 33406

3359 BELVEDERE RD SUITE H
WEST PALM BEACH, FL 33406

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MIQUEL PENA

Name

3358 BELVEDERE RD SUITE H

Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH

FL 33406

City

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 605, F.S.

 _____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2014 OCT 29 AM 11:03
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

From:

10/29/2014 10:32

#132 P.003/003

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGRM

Name and Address:

MIGUEL PENA
2880 TENNIS CLUB DRIVE STE 504
WEST PALM BEACH, FL 33417

FILED
2014 OCT 29 AM 11:08
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32399

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

MIGUEL PENA

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)