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SECKETARY OF STATE

AUG 17 PH 2: 23

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAYAWORLD LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KRISTOFER MUELLER Name of Person
MAYAWORLD LLC Firm/Company
3000 SW US AVE
MIAMI FL. 33165 City/State and Zip Code billmueller & bellsouth, net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
BILL MUELLER at (305) 283 4342 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clutton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

EFFECTIVE DATE 08 25 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	FILED
MAYAWORLD "LLC"	15 AUG 17 PM 2: 23
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	TALLAHASUTE, FLORIDA
ARTICLE II - Address:	

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

Principal Office Address:	Mailing Address:
3000 SW 115 AVE	3000 SW (15 AVE
MIAMI, FL 33165	MIAM FL 33/65
	Treatment 1 - 27.00
	

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:

KRISTOR	ER N	WELLER		
	Name			
3000 S	W 1151	AVE		
Florida street address (P.O. Box NOT acceptable)				
MIAMI	FL	33165		
City	State	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..

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	KRISTOFER MUELCER 3000 SW US AV MIAMI FL 33/65
	
effective date is listed, the date must be space of filing.)	e of filing: <u>OP-25-15</u> (OPTIONAL) necific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lis
ocument's effective date on the Department ICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	SAFON MM
This document is execu I am aware that any fals constitutes a third degre	ember of an authorized representative of a member. ited in accordance with section 605.0203 (1) (h), Florida Statutes, ite information submitted in a document to the Department of State ite felony as provided for in s.817.155, F.S.
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This document is execu I am aware that any fals constitutes a third degree <u>KRISTO</u>	ted in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S. FR. MUELLER Typed or printed name of signee Filing Fees:
This document is execu I am aware that any fals constitutes a third degree <u>KRISTO</u>	reganization and Designation of Registered Agent

Page 2 of 2

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