

L15000191710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300279182983

11/17/15--01002--014 **155.00

FILED

15 NOV 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2015 NOV 16 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2015

T SCHROEDER

1. **Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

MAAO, LLC

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Formation	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
New Formation		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/16/2015

ST

Order#:
9776173

Ref#: _____

Amount: \$ _____

ARTICLES OF ORGANIZATION
OF
MAAO, LLC
(A Florida Limited Liability Company)

ARTICLE I
NAME

The name of the limited liability company (the "Company") is: MAAO, LLC

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Company are: 1323 SE 17th Street, #677 Fort Lauderdale, FL 33316.

ARTICLE III
INITIAL REGISTERED OFFICE AND AGENT

The name and Florida street address of the Company's initial registered agent are: NRAI Services, Inc., at 1200 S. Pine Island Rd., Plantation, Florida 33324.

ARTICLE IV
EFFECTIVE DATE AND TIME

These Articles of Organization are effective upon the filing of these Articles of Organization with the Florida Department of State.

[Signature on the following page]

SECRETARY OF STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

15 NOV 16 AM 8:17

FILED

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this
11 day of November, 2015.

Larina *Angela Orecchio*
Angela Orecchio,
Authorized Representative of Members

FILED
15 NOV 16 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Revised Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **MAAO, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Acceptance this 16 day of November, 2015.

NRAI SERVICES, INC.

By: 
Name: _____
Title: **Angel Nunez**
Assistant Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 16 AM 8:17

FILED