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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Max out Flaves LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Walter Quitada Name of Person
Firm/Company
3041 Baron LA
Address
Talkhassee fl. 32305 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annue rt notification)
Fig. further information concerning this matter, please call:
a white morning and matter, please can.
at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Max at Flass 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:		
3041 Baron Ln Tallehassee fl 32305			
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:	visca		
3041 Bayon	LN		
Florida street address (P.O. Box	(NOT acceptable)		
Talla hassee	Flarids 32305		
City Socie	Zip		
Having been named as registered agent and to accept service, if proce place designated in this certificate, I hereby accept the appearanent a further agree to comply with the provisions of all statute exercises to to am familiar with and accept the obligations of my position as engiseer.	registered agent and agree to act in this capacity. I reper and complete performance of my duties, and I repeat as provided for in Chapter 605, F.S		
Registered Agent	's Signature (REQUITED)		

(CONTINUED)

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AND CE

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	
AA	
/1/01K	walter Quitada
	3041 Baron Ln. 32305
	• • • • • • • •
	
(Use attachment if necessary)	
•	filing: (OPTIONAL)
f filing.) the date inserted in this block does not medent's effective date on the Department of	et the applicable statutory filing requirements, this date will not State's records.
ner out out to out on	
EVI: Other provisional it any.	
REOUIRED SIGNAD URAD: Signature of a mem	ber or an authorized representative of a member.
Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State
Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State

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