Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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STATE OF LINES



November 14, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

HUBCO

SUBJECT: MAXX'S PRODUCTS LLC

REF: W17000090612

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

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Nadira D McClees-Sams Regulatory Specialist II FAX Aud. #: H17000298723 Letter Number: 417A00023011

Please Resubmit - Thank your. See New name on

documents.

P.O BOX 6327 - Tallahassee, Florida 323

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	TORTESIAN TANAMA	•
The name of the Limited Liability Company is:		
MAXX'S CLEAN	ING PRODUCTS 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 pri	ncipal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
4733 W ATLANTIC AVE, STE C7 DELRAY BEACH, FL 33445	4733 W ATLANTIC AVE. DELRAY BEACH, FL 33	STE C7
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	egistration.)	2: ignate an individual or
The name and the Florida street address of the r	egistered agent are:	
ANDREW LARKII	Name	
10232 AVENIDA Florida street address (DEL RIO (P.O. Box NOT acceptable)	
DELRAY BEACH City	FL 33446 Zip	
Having been named as registered agent and to the place designated in this certificate, I here capacity. I further agree to comply with the p of my duties, and I am familiar with and acco	rovisions of all statutes relating to the property to ship and the property through ligations of my position as registe Chapter 605. F.S.	er and complete performance
	nt's Signature (REQUIRED) NDREW LARKIN	 ≱• ∖ ⊸
		7 NO
(C	ONTINUED)	2
	Page 1 of 2	74 PH 3: 45

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Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ANDREW LARKIN
AMBR	10232 AVENIDA DEL RIO
	DELRAY BEACH, FL 33446
	
(Use attachment if necessary) JE V: Effective date, if other than the date.	ate of filing: (OPTIONAL)
LE V: Effective date, if other than the da fective date is listed, the date must be a of filing.)	ate of filing:
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EV: Effective date, if other than the date fective date is listed, the date must be of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a fective date and affirmation for a way to that any fafes.	member or an authorized representative of a member. on 605.0203 (1) (b). Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)

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