118000127787

(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



100309049071

05/31/16--01011--005 *+87.50

05/17/18--01031--001 **37.50

ZÜLÜ HAY 17 PM 2: 43

COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	: MAGGIS W Name of Lin	ORID LLC nited Liability Company
The enclos	ed Articles of Organization and fee(s) ar	e submitted for filing.
Please retu	rn all correspondence concerning this m	atter to the following:
	Flor OL	Name of Person
		Name VI Teladi
		Firm/Company
	19315 NE	18" CourT
	Mi Ami F	FL 33179
		ity/State and Zip Code PhoTMA. L. Com
-		for future annual report notification)
For further in	nformation concerning this matter, pleas	e call:
•		786) 714 - 0625 rea Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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:				
MAGGIS WORLD LLC (Must contain 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:				
19315 NE 18TH COURT 19315 NE 18TH COURT MIAMI FL 33179				
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:				
The name and the Florida street address of the registered agent are: Flor OLIVARES Name 19315 NE 18 TH COURT Florida street address (P.O. Box NOT acceptable)				
Name				
19315 NE 18" (COUR)				
Florida street address (P.O. Box <u>NOT</u> acceptable)				
M_1AM_1 , $FL = 30177$				
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 Registered Agent's Signature (REQUIRED)				

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerMG7 S	FIDE OLIVARYS 19315 NE 18 CT MIAMI FL 33179
AMOR	Kennedy Gonzalez 19315 NE 18 COURT MIAMI FL 33:79
AMBR	KRISTOPHER GONZALEZ 19315 NE 18 TH COURT MI AMI, FL 33,79
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.)	filing:
ARTICLE VI: Other provisions, if any.	TALL.
REOUIRED SIGNATURE:	HANNE OF THE TOTAL PROPERTY OF THE TOTAL PRO
This document is execute I am aware that any false i	ther or an authorized representative of a member : d in accordance with section 605.0203 (1) (b). Florid Statutes: information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)