## L19000154824

(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

N. SAMS JUN 2 1 2019



400330380984

06/10/19--01000 -026 \*\*160.06

19 JUN 10 PM 1: 04

## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Maxx-A-Million Moppers L.L.C.  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:
Paige Lorenz Name of Person
Maxx-A-Million Monners Firm/Pompany
7654 Marthas Way
Navarre, FL, 32566 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paige Loren Z at (248) 410-9303  Jame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee. Certified Copy (certified Copy (additional copy is enclosed)
Maritima Addinan

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:

Maxx-A-Million Mopers L.L.C.  (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
7654 Marthas Way Navarre, FL, 32566 Navarre, FL, 32566	<del></del> 	
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.)	19	21.5
The name and the Florida street address of the registered agent are:		 
Diana Austin	JUH 10	3.7
Florida street address (P.O. Box NOT acceptable)	PH 1:0	

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 southers 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)

ered Agent's Signature (REQUIRED)

o	Title: "AMBR" = Authorized Member	Name and Address:	
	"MGR" = ManagerMGR	Paige Lorenz - 7654 Marthas Way, Navarre, FL 32560	
	AMBR	Diana Austin-7654 Marthus Way, Navarre, Fl. 32566	
			31¥.
			- 변경 - 시기: - 구시:
(If an ef the date <u>Note:</u> I	of filing.)	l cannot be more than five business days prior to or the prior pplicable statutory filing requirements, this date will not	:-
ARTIC	LE VI: Other provisions, if any.		
	REQUIRED SIGNATURE:	2	
	This document is executed in acc I am aware that any false informat constitutes a third degree felony as		
	<u> Laige Lore</u> Typed	ΩZor 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)