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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : FANJUL CPA, INC.

Account Number : I20130000039 Phone : (305)603-8791

Fax Number : (877)503-6086

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO. MAXIPLASS LIMITED LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

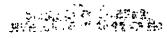
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Corporate Filing Menu

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J DENNIS





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

19 JUL 18 AH 8: 15

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAXIPLASS LIMITED 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:

2601 NW 16TH STREET RD APT 601 MIAMI, FL 33125 2601 NW 16TH STREET RD APT 601 MIAMI, FL 33125

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:

GERMAN LOPEZ GARCIA

Nam

2601 NW 16TH STREET RD APT 601

Florida street address (P.O. Box NOT acceptable)

MIAMI FL

City State Z

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..

A .

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

07/18/2019 10:25 AM

	authorized to manage and control the Limited Liability Company:
. STIGIT OF	19 JUL 18
ARTICLE IV- The name and address of each person:	authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	GERMAN LOPEZ GARCIA
	2601 NW 16TH STREET RD APT 601
	MIAMI, FL 33125
AMBR	CUIWEN FENG
AMBR	2601 NW 16TH STREET RD APT 601
	MIAML FL 33125
(a)	
(Use attachment if necessary)	
CLEV: Effective date, if other than the d	ate of filing: (OPTIONAL)
effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days at
te of filing \	
If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date will not be liste
cument's effective date on the Departme	ent of State's records.
m mare out a constitue office.	
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
RECEIVED BIGHTI BIGH	A=+
Ar Chillian St. Chillian	The state of the s

Filing Fees:

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

GERMAN LOPEZ GARCIA

constitutes a third degree felony as provided for in s.817.155, F.S.

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)