

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L20000071484  
FILED 8:00 AM  
March 04, 2020  
Sec. Of State  
smbellenger

**Article I**

The name of the Limited Liability Company is:  
MAXIMUS PROTECTION INSURANCE LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
12025 SW 19TH LN  
217  
MIAMI, . 33175

The mailing address of the Limited Liability Company is:  
12025 SW 19TH LN  
217  
MIAMI, . 33175

**Article III**

The name and Florida street address of the registered agent is:  
NEFER TRAVIESO  
12025 SW 19TH LN  
217  
MIAMI, FL. 33175

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.

Registered Agent Signature: NEFER TRAVIESO

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
NEFER TRAVIESO  
12025 SW 19TH LN 217  
MIAMI, FL. 33175

Title: MGR  
MIRIAM NARANJO  
12025 SW 19TH LN 217  
MIAMI, FL. 33175

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### **Article V**

The effective date for this Limited Liability Company shall be:

03/03/2020

Signature of member or an authorized representative

Electronic Signature: NEFER TRAVIESO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.