

2/1/2021

Division of Corporations

Florida Department of State  
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To:

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Fax Number : (850)617-6381

From:

Account Name : ANTONIO ALONSO, PLLC.  
Account Number : 120160000045  
Phone : (305)606-0399  
Fax Number : (305)508-6364

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

Email Address: alonsoa@aapalaw.com

FLORIDA LIMITED LIABILITY CO.  
MULTIMAX ONLINE, L.L.C.

Certificate of Status	1
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**ARTICLES OF ORGANIZATION OF  
MULTIMAX ONLINE, LLC.**

The undersigned, being authorized to execute and file these Articles, hereby certifies  
that:

**ARTICLE I -Name:**

The name of the Limited Liability Company is:

**MULTIMAX ONLINE, LLC.**

**ARTICLE II -Address:**

The initial mailing address and street address of the principal office of the Limited Liability  
Company is:

999 Ponce de Leon Blvd., Suite 650  
Coral Gables, FL 33134

**ARTICLE III -Registered Agent and Registered Office**

The name and the Florida street address of the initial registered agent are:

ROCKCHAR MANAGEMENT SERVICES LLC  
999 Ponce de Leon Blvd., Suite 650  
Coral Gables, FL 33134

**ARTICLE IV – Managers**

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

<u>Title</u>	<u>Name and Address</u>
<b>Manager</b>	ASSAF TAREK SALIM 999 Ponce de Leon Blvd., Suite 650 Coral Gables, FL 33134

IN WITNESS WHEREOF, I have signed these Articles of Organization as an  
authorized representative of a member and acknowledge them to be my act this 28 day of  
January, 2021.

  
Name: ASSAF TAREK SALIM

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(In accordance with Section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.)

  
Name: ASSAF TAREK SALIM

#### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.)

Signature of Registered Agent

  
**ROCKCHAR MANAGEMENT SERVICES  
LLC, a Florida limited liability company**

By: Hiram D. Ocariz, its Manager

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