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Certified Copies	Certified Copies Certificates of Status	
Special Instructions to I	Filing Officer:	
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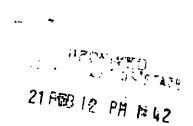
2021 FEB 12 AM 8: 11
SECRETARY OF STATE
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAIDEN MEET, I	LLC .			
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<u>,</u>			<u>.,</u>	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
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				Fictitious Name File
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				Dissolution / Withdrawal
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			✓	Photo Copy
				Certificate of Good Standing
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				Corp Record Search
				Officer Search
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Signature				Fictitious Owner Search
_				Vehicle Search
				Driving Record
Requested by: BA	02/11/21			UCC 1 or 3 File
Name		Time	_	UCC 11 Search
				UCC Retrieval
Walk-In	Will Pick Up			Courier





February 10, 2021

CAPITAL CONNECTION

SUBJECT: MAIDEN MEET, LLC Ref. Number: W21000016975

We have received your document for MAIDEN MEET, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 121A00002968

www.sunbiz.org

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 FEB 12 AM 8: 11

F STATE E, FL

ARTICLE I - Name: The name of the Limited Liability Company is:		SECRETARY (TALLAHASS
Maidan Mara III C		TELAMASS
Maiden Meet, LLC (Must contain the words "Limited Liab	lity Company "L.C." or "L.C.")	
(whist contain the words. Emilied Elab	my company, c.c.c., or bec. y	
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Add	ress:
2598 E. Sunrise Blvd. Suite 2104	2598 E. Sunrise Blvd. S	uite 2104
Fort Lauderdale, FL 33304	Fort Lauderdale, FL 33	304
Na 5647 110th Avenue		
Florida street address (P.		
Royal Palm Beach	FL 33411	
City	State Zip	
aving been named as registered agent and to accept service of ace designated in this certificate, I hereby accept the appointn rther agree to comply with the provisions of all statutes relating familiar with and accept the obligations of my position as reg	ent as registered agent and agree to act g to the proper and complete performant	in this capacity. I se of my duties, and
/ na / n	Maki	

(CONTINUED)

ARTICLE IV-

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

Title:		Name and Address:	
	Authorized Member		
"MGR" = M	anager		
MGR		James Brewster 2598 E Sunrise Blvd., Suite 2104	
		Fort Lauderdal, FL 33304	\$ 282 282
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date of filing.) te: If the date inserded document's effection	ted in this block does not we date on the Department	need the applicable statutory filing requirements, of State's records.	. ,
FICLE VI: Other p	rovisions, if any.		
REOUIRED	SIGNATURE:	ames Brewster	
	Signature of a me This document is execu I am aware that any false	ember or an authorized representative of a meted in accordance with section 605.0203 (1) (b), I e information submitted in a document to the Depe e felony as provided for in s.817.155, F.S.	Florida Statutes.
		e reiony as provided to mois / so,	
	James Brewster		
	_	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)