Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit numbe (shown below) on the top and bottom of all pages of the document.

(((H21000064610 3)))



H218000648103ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 ÷ Fax Number : (305)675-5944

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. **MAXIGRASS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the state of the st
The name of the Limited Liability Company is:
company is:
Maxigrass 210
ARTICLEU
The mailing address and street address of the principal office of the Limited Liability
Company is:
of the principal office of the Limited Lindsite.
14915 SW-805T-AP216-MILMIF13319
11713 5W.805T. APAK
216-MISHIF12216
7,337
ARTICLETT
ARTICLE III - Registered Agent, Registered Office:
Company and the Florida street address of the
The name and the Florida street address of the registered agent are: (The Limites: Liability with an active Florida registered Agent. You must designate an individual or another business and with an active Florida registration.)
MARINO MAXIMILIANO ZAMBRANO SANTO
THE DO MAXINILIANO 201120
ILLAIG SANTO
14915 SW 80 ST APT 210
MIAMI FL 33193
<u> </u>
ARTICLE IV
The name and the second
Liability Con Title of each person authorized to manage and
The name and title of each person authorized to manage and control the Limited
MARINO MAXIMILIANO ZAMBRANO SANI
THE LAND EANBRAND SANT
-AMBR-
TIMOR -

Required Signatures:

Signature of a member or an authorized representative of a member

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this docum constitutes an affirmation under the penalties of perjury that the facts stated herein are truly are any 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.

MARINO MAXIMILIANO ZAMBRAND SANTOS

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above state 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 we the provisions of all statutes relating to the proper and complete performance of my duties, a I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)