1/11/22, 1:01 PM

Department of Sta

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(((H22000014037 3)))



H220000140373ABCT

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Division of Corporations

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From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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

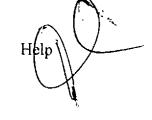
Email Address:

FLORIDA LIMITED LIABILITY CO. MAXI SERVICES JNL 2022 LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page: 3 of 4

ARTICLE I - Name: The name of the Limited Liability	/ Company is:		
MAXI SERVICES J			
(Must conta	in the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Limited	Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
3181 NW 92ND STR	EET		
MIAMI, FL 33147		SAN	Æ.
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an ac	cannot serve as its ow	n Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street a	ddress of the registere	ed agent are:	
	NELSON ALBERT	O MORENO GOM	EZ
		Name	
,	3181 NW 92ND ST	REET	
	Florida street addre	ess (P.O. Box <u>NOT</u> a	cceptable)
	MIAMI	FL	33147
	City	State	Zip

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. Ifurther 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 4 of 4

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	NELSON ALBERTO MORENO GOMEZ	
AMBR	3181 NW 92ND STREET	_
	MIAMI, FL 33147	_
AMBR	JOHANA CECILIA MARISOL CORREIA MONTILLA	
AWIDK	3181 NW 92ND STREET	-
	MIAMI, FL 33147	_
		_
		-
		_
		-
		_
(Use attachment if necessary)		
LEV: Effective date, if other than the	ne date of filing: (OPTIONAL)	50
	be specific and cannot be more than five business days prior to or 9	days afte
of filing.)	b	256 256 41, 125, 4
r the date inserted in this block doe iment's effective date on the Depar	s not meet the applicable statutory filing requirements, this date will no	
·	A CHARLE & ELOUISIO.	
LE VI: Other provisions, if any.		22* _K
		
		

Signature of a member or an authorized representative of a member.

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

NELSON ALBERTO MORENO GOMEZ

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)