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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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Email Address: Support@flpatellaw.com

FLORIDA LIMITED LIABILITY CO.
Maximum Mauve Management, LLC

Certificate of Status	1
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COVER LETTER

Thursday, February 17, 2022

To: New Filing Section
Division of Corporation

Subject:
MAXIMUM MAUVE MANAGEMENT, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau [727-279-5037](tel:727-279-5037) or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status.

FL Patel Law PLLC

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JAMIE
FL

ARTICLES OF ORGANIZATION
FOR
MAXIMUM MAUVE MANAGEMENT, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Maximum Mauve Management, LLC (the "Company").

ARTICLE II.
Address

The principal office and mailing address of the Company is:

2212 S Chickasaw Trl
#1143
Orlando, FL 32825

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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 as provided for in Chapter 605, F.S.

Ada Reyes

(sign)

FLP RA Services LLC

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ARTICLE IV.
Authorized Members and 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>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Happy Horse, LLC 2212 S Chickasaw Trl #1143 Orlando, FL 32825

ARTICLE V.

The Effective date shall be the date of filing.

Ada Reyes

(sign)

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.

FLP RA Services, LLC

Authorized Representative/Member

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