From: Yanet Avila

4/8/22, 3:06 PM

Division of Corporations

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FLORIDA LIMITED LIABILITY CO. MAYNOR CONSTRUCTION LLC

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LAHASSEE FLORID

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:			
The name of the Limited Liability	Com	any	is:
MAYNOR CONSTRU	спо)N L	ıc

ARTICLE II - Address:

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

Principal Unice Address:	MINGIOR AGGLESS:
1481 NW 42ND STREET	
MIAMI, FL 33142	SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DOMNTOWN AC	COUNTING MIAMI	<u> </u>
	Name	•
255 EAST FLAGE	ER STREET STE 10	1
Florida street addr	ess (P.O. Box <u>NOT</u> ac	ceptable)
MIAMI	FL	33131
City	State '	7in

Having been named as registered agent and to accept service of process for the above stated lindted 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

FILED

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THIS IN THIS TOP SIGNED

THIS SEE FLOWING.

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	MAYNOR GEOVANY ALTAMIRANO 1481 NW 42ND STREET MIAMI, FL 33142

(Use attachment if necessary)	
EV: Effective date, if other than the di fective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 di of meet the applicable stantory filing requirements, this date will not be
f the date inserted in this block does no	ent of State's records,
f the date inserted in this block does nument's effective date on the Department. E VI: Other provisions, if any.	ent of State's records,
f the date inserted in this block does nament's effective date on the Department	ent of State's records.
the date inserted in this block does not ment's effective date on the Department of the Utility Other provisions, if any. REQUIRED SIGNATURE:	ent of State's records.

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)

MAYNOR GEOVANY ALTAMIRANO
Typed or printed name of signee

