

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

Certificate of Status	0
Certified Copy	1
Page Count	03
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FRIMAX LLC

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

#### ARTICLE II - Address:

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

## Principal Office Address:

Mailing Address:

612 DAVID ST

WINTER SPRINGS, FL 32708

612 DAVID ST WINTER SPRINGS, FL 32708

# 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:

MAXIMILIANO C. ADOLFO GARCIA

Name

612 DAVID ST

Florida street address (P.O. Box NOT acceptable)

WINTER SPRINGS

FL

32708

City

State 2

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 provide for in Crapter 505, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

**MGR' = Manager  **AMBR**  **MAXIMILIANO C. ADOLFO GARCIA  612 DAVID ST  WINTER SPRINGS, PL 32708  **ICLE V: Effective date, if other than the date of filing: 01/01/2023 (OPTIONAL)  refrective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days ate of filing.)  **If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be in ocument's effective date on the Department of State's records.  **ICLE VI: Other provisions, if any.**  **REQUIRED SIGNATURE:**  **Signature of a member or an authorized representative of a member,  This document is executed in accordance with section 605.0203 (1) (b), Finds Statute's lam aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.317.155, F.S.  **MAXIMILIANO C. ADOLFO GARCIA**  Typed or printed name of signee*  **Illing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional)*	<u>Title:</u> "AMBR" ≃ A	uthorized Member		
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