BE

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

(((H23000112858 3)))



H230001128583ABC/

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 : 120000000019
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. MAXREN SERVICES LLC

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

SECKETAKY OF STATE

. ~

7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	TOMPANY
The name of the Limited Liab	ility Co.
· 2.40	anty company is:
	Tlay o
ARTICLE II - Address:	Max Ren Services LLC
The mailing address and street	3 1
Company is:	t address of the principal office of the Limited Liability
2450	1
	UW 11th St
Miami :	FL 33125
	00,100
	t, Registered Office: t address of the registered agent are: The Limited Liability (gent. You must designate an individual or another business entity) SI MORAN TERAN M. T. S. T.
Hiom? FL	
	33123
MARIA YES	ST MORAN TERGIN (AMBR)
	- THIBIC)
	·
_	

Required Signatures:



Signature of a member or an authorized representative of 3, member.

In accordance with section 605.0203 (1) (b), Fiorida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. 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.

MARIA VESSI MORAN TERAN

Typed or printed name of signee

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 herely 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)