Electronic Articles of Organization For Florida Limited Liability Company

L23000260892 FILED 8:00 AM May 30, 2023 Sec. Of State jafason

Article I

The name of the Limited Liability Company is: MAXFYX PRO LLC

Article II

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

6100 LAKE ELLENOR DR SUITE 151 #1431 ORLANDO, FL. ES 32809

The mailing address of the Limited Liability Company is:

PO BOX 453258 KISSIMMEE, . 34745

Article III

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

FREDDY M GUTIERREZ SALAZAR 6100 LAKE ELLENOR DR SUITE 151 #1330 ORLANDO, FL. 32809

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.

Registered Agent Signature: FREDDY GUTIERREZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR

FREDDY M GUTIERREZ SALAZAR 6100 LAKE ELLENOR DR, , SUITE 151 #1330 ORLANDO, FL. 32809 ES

Title: AMBR

RUTH M ROJAS GUERRA

6100 LAKE ELLENOR DR, , SUITE 151 #1330 ORLANDO, FL. 32809 ES

Article V

The effective date for this Limited Liability Company shall be:

05/29/2023

Signature of member or an authorized representative

Electronic Signature: FREDDY GUTIERREZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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