Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, INC.

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Phone : (305)552-5973
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Email Address:_____

COLOR VED

FLORIDA LIMITED LIABILITY CO. MAYK INVESTMENTS LLC.

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
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2ND REQUEST



ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | PM 4: 0 |
|---|------------|
| Mayk Investments LLC. | - - |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | |
| 16560 SW 61st Way, Miami, FL 331 | 93 |
| | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite I Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Maykel Meding [6560 SW 618+ Way, Miami, FL 3319] | 3 |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) May tel Medina AMBR | |
| | |
| | |

Required Signatures:

Signature

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties 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.

May Tel Meding
Typed or printed name of signee

SECRETARY OF STALE TALLAHASSEE, FLORIDA

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)