

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**L24000326173**

Note: Please print this page on a separate sheet of paper. Print the document number (shown below) on the top and bottom of all pages of the document.

(((H24000252435 3)))



H240002524353ABC

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 : I20000000019  
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.  
MAX AUTO DEALS LLC

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

RECEIVED  
2014 JUL 25 PM 4:28  
CORPORATIONS  
COMMERCIAL  
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

**MAX AUTO DEALS LLC**

(Must end with 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

1550 SW 1TH ST SUITE 12  
MIAMI, FL. 331351550 SW 1TH ST SUITE 12  
MIAMI, FL 33135ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:

( The Limited Liability Company cannot serve as it 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:

MAXI MATHURIN

Name

1550 SW 1TH ST SUITE 12

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

MIAMI, FL. 33135

City, State, and Zip.

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 provision 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 608, F.S.

X

Registered Agent's Signature ( Required )

**ARTICLE IV – Manager (s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as Follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MAXI MATHURIN

MGRM

1550 SW 1TH ST SUITE 112

MIAMI, FL. 33135

(Use attachment if necessary)

**ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILING:**  
**07/24/2024; (OPTIONAL) (IF AN EFFECTIVE DATE IS LISTED, THE DATE**  
**MUST BE SPECIFIC AND CANNOT BE MORE THAN FIVE BUSINESS DAYS**  
**PRIOR TO OR 90 DAYS AFTER THE DATE OF FILLIN MGRM)**

**REQUIRED SIGNATURE:**

X

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER

(in accordance with section 603.08(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MAXI MATHURIN

Type or printed name of signee