## 125000028026

| (Red                      | questor's Name)    |           |
|---------------------------|--------------------|-----------|
|                           |                    |           |
| (Add                      | dress)             |           |
|                           | <u> </u>           | · ·       |
| (Add                      | dress)             |           |
| (City                     | //State/Zip/Phone  | e #)      |
| PICK-UP                   | MAIT               | MAIL      |
| /Pus                      | siness Entity Nan  | ne)       |
| (Dus                      | siness Entity (van | ne,       |
| (Doc                      | cument Number)     |           |
| Certified Copies          | Certificates       | of Status |
| Special Instructions to F | Filing Officer:    |           |
|                           |                    |           |
|                           |                    |           |
|                           |                    |           |
|                           |                    |           |
|                           |                    |           |

Office Use Only



800439123798

2025 JAN 24 AH

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/23/2025

NAME: MAXIA HOMES TAMPA I LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## COVER LETTER

|             | New Filing Section<br>Division of Corpora              | tions                                       |                 |   |  |                   |                    |
|-------------|--|---|-----------------|---|--|-------------------|--------------------|
|             | Maxia Homes T  | ampa I LLC                                  |                 |   |  |                   |                    |
| SUBJEC      | :I:  | Name of I                                   | Limited Liabili | ty Company  |  | -                 |                    |
| The enclo   | osed Articles of Orga                                  | nization and fee(s)                         | are submitted   | for filing.   |  |                   |                    |
| Please re   | turn all corresponder                                  | ce concerning this                          | matter to the f | ollowing:   |  |                   |                    |
|             | Xing Ma  |   |                 |   |  |                   | 2025               |
|             | <del></del>  |   | Name of         | Person  |  |                   |                    |
|             | Maxia Homes Ta   | mpa I LLC                                   |                 |   |  | λ,                | 2025 AW 92 AW 8502 |
|             |  |   | Firm/Co         | npany   |  | •                 | <del> </del>       |
|             | 14622 Ventura B  | vd 102-756                                  |                 |   |  | · .               | )։ կ7              |
|             |  |   | Addre           | 288   |  |                   |                    |
|             | Sherman Oaks, C  | A 91403                                     |                 |   |  |                   |                    |
|             |  |   | City/State and  | l Zip Code  |  |                   |                    |
|             | helen@homesawai  |   | 1.0 .0          |   | -  |                   |                    |
| For further | n:-ma:<br>information concerr                          |   |                 | nnual report notificati   | (311)  |                   |                    |
| or ractive. | Xing Ma  |   | 949             | 5187936   |  |                   |                    |
|             | Name of l  |   | Area Code       | Daytime Telephon  | e Number   | -                 |                    |
| Enclosed    | is a check for the fo                                  | lowing amount:                              |                 |   |  |                   |                    |
| □\$125.0    |  | \$130.00 Filing Fee<br>ertificate of Status | Certifi         | 5.00 Filing Fee & ed Copy<br>ed Copy is enclosed)                                       | □S160.0<br>Certifica<br>Certified<br>(additional | te of Sta<br>Copy | utus &             |
|             | Mailing Ad<br>New Filing<br>Division of<br>P.O. Box 6. | Section<br>Corporations                     |                 | Street Address<br>New Filing Section Di<br>The Centre of Tallaha<br>2415 N. Monroe Stre | assee  |                   |                    |

Tallahassee, FL 32303

Tallahassee, FL 32314

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

| Maxia Homes Ta  | ampa I LLC   |   | St. 1 25 35 ST 1 27 35                             |            |                 |
|---|--|---|--|------------|-----------------|
| (Must   | contain the words "Limited I   | iability Compan   | y, "L.1C., or "LLC.")                              |            |                 |
| RTICLE II - Address:<br>ne mailing address and stro   | eet address of the principal of  | fice of the Limite                                      | ed Liability Company is:                           |            |                 |
| <u>Pri</u>  | ncipal Office Address:   |   | Mailing Addres                                     | <u>s</u> : |                 |
| 300 S Orange A  | ve Suite 1000  | 14  | 622 Ventura Blvd 102-756                           |            | 20.             |
|   |  |   |  |            |                 |
| Orlando, FL 328   |  | <u>Sl</u>   | erman Oaks, CA 91403                               |            |                 |
| Orlando, FL 328  RTICLE III - Registered he Limited Liability Compother business entity with  | Agent, Registered Office, & pany cannot serve as its own an active Florida registration  | & Registered Ag<br>Registered Agen<br>n.)               |  | . زی       | 12 111          |
| Orlando, FL 328  RTICLE III - Registered for Limited Liability Compother business entity with | Agent, Registered Office, & pany cannot serve as its own   | & Registered Ag<br>Registered Agen<br>n.)<br>agent are: | ent's Signature:                                   | . زی       | 24:6 My 92 My g |
| Orlando, FL 328  RTICLE III - Registered he Limited Liability Compother business entity with  | Agent, Registered Office, & pany cannot serve as its own an active Florida registration reet address of the registered                               | & Registered Ag<br>Registered Agen<br>n.)               | ent's Signature:                                   | . زی       | 12 111          |
| Orlando, FL 328  RTICLE III - Registered he Limited Liability Compother business entity with  | Agent, Registered Office, & pany cannot serve as its own an active Florida registration reet address of the registered                               | & Registered Agenn.) agent are:                         | ent's Signature:                                   | . زی       | 12 111          |
| Orlando, FL 328  RTICLE III - Registered The Limited Liability Compother business entity with | Agent, Registered Office, & pany cannot serve as its own an active Florida registration reet address of the registered  Xing Ma                      | & Registered Ag Registered Agen n.) agent are: Name     | ent's Signature:<br>i. You must designate an indiv | . زی       | 12 111          |
| Orlando, FL 328  RTICLE III - Registered The Limited Liability Compother business entity with | Agent, Registered Office, & pany cannot serve as its own an active Florida registration reet address of the registered  Xing Ma  300 S Orange Ave Su | & Registered Ag Registered Agen n.) agent are: Name     | ent's Signature:<br>i. You must designate an indiv | . زی       | 12 111          |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

|   | lember   |      |
|---|--|------|
| "AMBR" = Authorized M "MGR" = Manager   | KHACI  |      |
| AMBR  | Chiateh Albert Shen  |      |
| 11,414.71   | 14622 Ventura Blvd 102-756, Sherman Oaks, CA 91403   |      |
|   |  |      |
|   | Manie Hamas Inc  |      |
| AMBR  | Maxia Homes Inc<br>14622 Ventura Blvd 102-756, Sherman Oaks, CA 91403  |      |
|   | 02   |      |
|   | <u>C</u>   |      |
|   | <u>;;c</u>   | -    |
|   |  | j    |
|   |  | , Ū  |
|   |  |      |
|   |  |      |
|   |  |      |
| (Use attachment if necessary) CLE V: Effective date, if other   | ner than the date of filing: (OPTIONAL)  | lays |
| CLE V: Effective date, if other seffective date is listed, the date of filing.)  If the date inserted in this b   |  |      |
| CLE V: Effective date, if other seffective date is listed, the date of filing.)  If the date inserted in this b   | ate must be specific and cannot be more than five business days prior to or 90 d dock does not meet the applicable statutory filing requirements, this date will not be  |      |
| CLE V: Effective date, if other feetive date is listed, the date of filing.)  If the date inserted in this becament's effective date on the   | ate must be specific and cannot be more than five business days prior to or 90 d dock does not meet the applicable statutory filing requirements, this date will not be  |      |
| CLE V: Effective date, if other feetive date is listed, the date of filing.)  If the date inserted in this becament's effective date on the   | ate must be specific and cannot be more than five business days prior to or 90 d dock does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.  any.   |      |
| CLE V: Effective date, if other effective date is listed, the date of filing.)  If the date inserted in this becament's effective date on the CLE VI: Other provisions, if a REOUIRED SIGNATU                                     | ate must be specific and cannot be more than five business days prior to or 90 d dock does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.  any.  RE:  |      |
| CLE V: Effective date, if other effective date is listed, the date of filing.)  If the date inserted in this becament's effective date on the CLE VI: Other provisions, if a REOUIRED SIGNATU  Xing 7  Signature 1 am awar        | ate must be specific and cannot be more than five business days prior to or 90 d dock does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.  any.  RE:  |      |
| CLE V: Effective date, if other effective date is listed, the date of filing.)  If the date inserted in this becament's effective date on the CLE VI: Other provisions, if:  REOUIRED SIGNATU  Xing 7  Signatu am awar constitute | ate must be specific and cannot be more than five business days prior to or 90 d dock does not meet the applicable statutory filing requirements, this date will not be he Department of State's records.  any.  RE:  Ma  mature of a member or an authorized representative of a member.  ument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, re that any false information submitted in a document to the Department of State |      |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)