

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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S. CHATHAM
JAN 24 2025

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.
PLASTIMAX, LLC

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

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STATE OF FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

PLASTIMAX, 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:

151 SE 12TH TERR

151 SE 12th Terr

Cape Coral, FL 33990

Cape Coral, FL 33990

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its 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:

Yenlreth Andrea Piloto Argento

Name

151 SE 12th Terr

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

Cape Coral

FL

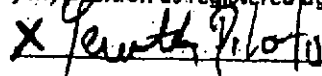
33990

Miami

State

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 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 provide for in chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025 JAN 21 PM 3:02
CORPORATE SERVICES
STATE

ARTICLE IV –

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

Title:

Name and Address:

"AMBR" = Authorized Member.

"MGR" = Manager

AMBR

Yenireth Andrea Piloto Argento

12105 NW 9th Place

Coral Springs, Fl. 33

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

X Yenireth Piloto

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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SECRET
JAN 21 2025