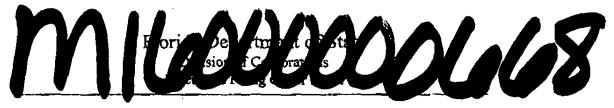
PAGE 1 QF 5

Division of Corporations

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Foreign Limited Liability Company MAXIMIZE UREVENUE LLC

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January 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUBCO

SUBJECT: MAXIMIZE UREVENUE LLC

REF: W16000004803

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: E16000018620 Letter Number: 116A00001512

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H16000018620

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

2. New York (forristation under the law of which threegn limited liability company is organized) 4. Upon filling. (Date first transacted business in Plonds, if prior to registration.) (See sections 603,0904 & 605,0905, F.S. to determine penalty liability) 5. 153 GOLD ROAD POUGHQUAQ, NY 12570 (Street Address of Principal Office) 6. 153 GOLD ROAD POUGHQUAQ, NY 12570 (Maiting Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage lia/are Authorized Member PAUL FOTI, 620 CHRISTINA DRIVE-UNIT 106, ROYAL PALM BEACH, FL 33414 PAUL FOTI, 620 CHRISTINA DRIVE-UNIT 106, ROYAL PALM BEACH, FL 33414 Signature of an authorized person Signature of an authorized person In accordance with section 605,020, F.S., the croculton of this detarment construct, an affirmation under the person of State constraints a third degree friency as provided for in A.\$17.155, F.S.) PAUL FOTI	(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C." or "LLC.")	ie must inc	lude "Limite	cd
(See asocious 603.0904 & 605.0905, F.S. to determine penalty liability) 5. 153 GOLD ROAD POUGHQUAQ, NY 12570 (Street Address of Principal Office) 6. 153 GOLD ROAD POUGHQUAQ, NY 12570 (Maiting Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are- Authorized Member PAUL FOTI, 620 CHRISTINA DRIVE-UNIT 106, ROYAL PALM BEACH, FL 33414 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person In accordance with section 605.0203. F.S., the capacition of this document constructs as millimitors under the penaltics of populy that the facts gasted herein are in the aware that any false information submitted in a document constructs as millimitors under the penaltics of populy that the facts gasted herein are in the aware that any false information submitted in a document to obscinutes a third degree felony as provided for in Apolity FOTI	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicab	le)		
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Typed or printed name of signee				

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

H16000018620

PURSUANT TO THE PROVISIONS OF SECTION 605,0113 or 605,0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2. The name :		
	and the Florida street address of the registered agent and office are:	
	PAUL FOTI	2018 SECI
	(Name)	MA ARK
	620 CHRISTINA DRIVE-UNIT 106	26 ARK SSE
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	ROYAL PALM BEACH FL 33414	
	City/State/Zip	
liobility c <mark>ompa</mark> registered ager statutes relatin _e	umed as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the upport and agree to act in this capacity. I further agree to comply with the y to the proper and complete performance of my duties, and I am fan gations of my position as registered agent as provided for in Chapter	pointment as ne provisions of all miliar with and
•	(Signature) PAUL FOTI	

PAGE 3 OF 5

State of New York Department of State } ss:

I hereby certify, that MAXIMIZE UREVENUE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/14/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

- A Blennial Statement was filed 07/21/2010.
- A Biennial Statemont was filed 08/05/2012.
- A Biennial Statement was filed 07/29/2014.

I further certify, that no other documents have been filed by such Limited Limbility Company.



Onting Siedina

Anthony Glardina
Executive Deputy Secretary of State

two thousand and sixteen.

Witness my hand and the official seal of the Department of State at the City of Albany, this 14th day of January

201601180026 * 28