

MI7000009583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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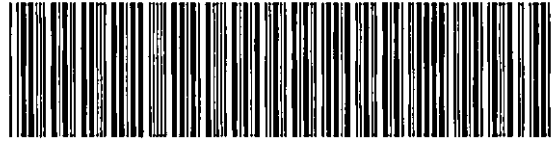
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Maxim Partners LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joel Arberman  
Name of Person

Maxim Partners LLC  
Firm/Company

11932 Fountain Side Circle  
Address

Boynton Beach FL 33437  
City/State and Zip Code

Joel@MaximPARTNERSPR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Arberman at ( 516 ) 509 8132  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Maxim Partners LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Puerto Rico 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/6/17  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 7722 KM 4.2 Interior 6. Po Box 375290  
(Street Address of Principal Office) (Mailing Address)  
Cayey PR 00736 Cayey PR 00737  
17

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rachelle Arberman  
Office Address: 11932 Fontanowside Circle  
Boynton Beach Florida 33437  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Rachelle Arberman  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Managing Member</u>	<u>Joel Arberman</u>	<u>/</u>	<u>/</u>
	<u>Po Box 375290</u>		
	<u>Cayey PR 00737</u>		
<u>/</u>		<u>/</u>	

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Joel Arberman  
Signature of an authorized person  
Joel Arberman  
Typed or printed name of signer



Government of Puerto Rico

## CERTIFICATE OF EXISTENCE

I, **LUIS G. RIVERA MARÍN**, Secretary of State of the Government of Puerto Rico,

**CERTIFY:** That, **MAXIM PARTNERS, LLC**, registry number **324417**, is a **domestic for profit limited liability company**, organized on **April 9, 2013**, in accordance to the General Corporations Law, as amended.

*This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.*



**IN WITNESS WHEREOF**, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **November 6, 2017**.

**LUIS G. RIVERA MARÍN**  
Secretary of State

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To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 06-Nov-2018.

Certificate Validation Number: **227418-70946486**