

L180000206458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

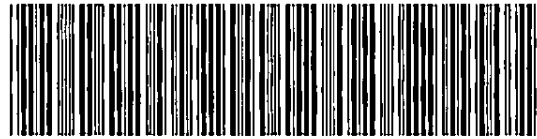
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300317554393

08/24/18--01016--035 **160.00

FILED
2018 AUG 29 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 29 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Madrite, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Agnes Cardona
Name of Person

Madrite, LLC
Firm/Company

P. O. Box 629
Address

Saint Just, PR 00978-0629
City/State and Zip Code

acardona@rca-md.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Agnes Cardona at (787) 751-4762
Name of Person Area Code Daytime Telephone Number

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 (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2018

AGNES CARDONA
PO BOX 629
SAINT JUST, PR 00978-0629

SUBJECT: MADRILE, LLC
Ref. Number: W18000077193

We have received your document for MADRILE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A new application for a Florida Limited Liability Company was sent back. So now there a (2) applications one for a FOREIGN AND FLORIDA. Resubmit one application and request a refund for the other. IF you are filing as a FOREIGN LLC list the Prinicipal office address.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 218A00017727

file florida

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Madriale, LLC

(Must contain 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:

Urb. Corrientes CO-11
Tuyillo Alto PR 00978

Mailing Address:

P.O. Box 629
Saint Just
PR 00978-0629

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:

Agnes Cardona

Name

2021 SW 3 Ave PH-8

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

Miami FL 33129

City

State

Zip

FILED
2018 AUG 29 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 provided for in Chapter 605, F.S.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Rafelio Cardona

AMBR

Urb Corrientes CO-11

Tuujillo Alto, PR 00976
Agnes Cardona
P.O. Box 429
Saint Juis, PR 00978-0629

(Use attachment if necessary)

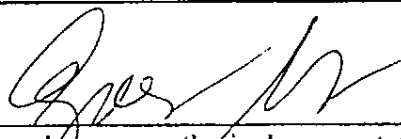
2018 AUG 29 PM 2:47
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) 90 days after the date of filing.
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.

Agnes Cardona
/Typed or printed name of signee

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)