Division of Corporations

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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: AKERMAN SENTERFITT & EIDSON Account Name

Account Number: 076656002425 Phone (407)843-7860 Fax Number : (407)843-6610

## LIMITED LIABILITY COMPANY

MADISON II, LLC

Certificate of Status	Ö
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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# ARICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the Limited Liability Company is: MADISON II, LLC.

#### ARTICLE II -- Address

The mailing address and, if different, the street address of the principal office of the Limited Liability Company is:

16009 North Florida Avenus Lutz, FL 33549

#### ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that tibes.

Articles of Organization are filed and its duration shall be perpetual.

#### ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and is therefore a member-managed company.

#### ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

Richard Fracasso 16009 North Florida Avenue Lutz, FL 33549

Titler Member

(In secondance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of parjury that the facts stated herein are true.)

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#### REGISTERED AGENT 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 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 608, F.S..