

L03000008736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

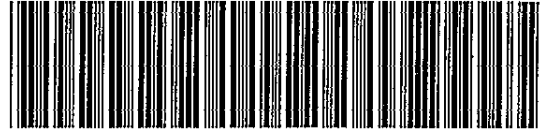
(Business Entity Name)

(Document Number)

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

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03 MAR 10 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7433 Big Cypress Drive  
Miami Lakes, FL 33014  
(305) 827-1861

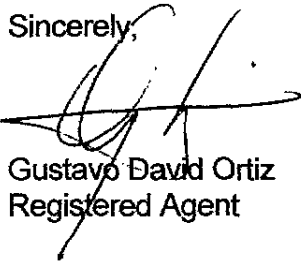
February 27, 2003

**Registration Section**  
**Division of Corporations**  
Post Office Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

To Whom It May Concern:

Please send me a Certificate of Status with the letter of acknowledgment to the address above. Thank you.

Sincerely,



Gustavo David Ortiz  
Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
The Madman Experiment, Ltd. Co.

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
7433 Big Cypress Drive  
Miami Lakes, FL 33014

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

The name and the Florida street address of the registered agent are:

Gustavo David Ortiz

Name

7433 Big Cypress Drive

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

Miami Lakes

FL 33014

City, State, and Zip

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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 608, F.S.*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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

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

Jeanette Louise Taylor

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)