

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000253052 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)222-9428

LIMITED LIABILITY COMPANY

Madstone Florida LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Š

- :- . }

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Madstone Florida LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1609 Swann Ave. Tampa, Florida 33606

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

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

C T Corporation System	
	Name
c/o C T Corporation System	m,1200 South Pine Island Road
Plorida street ad	idress (P.O. Box <u>NOT</u> acceptable)
Plantation	FL 33324
(City, State, and Zip

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.

Robin LaPoters CT Corporation System Assistant Secretary 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 Stetutes, the execution

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carol A. Seelig

Typed or printed name of signee

Filing Feer:

\$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)