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COVER LETTER

| SUDJECT. | Mad Fox Inv | vestments, LLC. |
|------------------------|---|--|
| SUBJECT: | | d Liability Company) |
| The enclosed Article | s of Organization and fee(s) are su | ubmitted for filing. |
| Please return all corr | espondence concerning this matte | r to the following: |
| | Lori | A. Madden |
| | (1) | Name of Person) |
| | (I | Firm/Company) |
| | 5050 Ra | ilston Road |
| <u> </u> | | (Address) |
| | Lakeland, | , FL 33811 |
| • | (City/ | State and Zip Code) |
| For further informati | on concerning this matter, please o | eall: |
| Lori A | . Madden | at (863)648-2614 |
| (Na | ime of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check | for the following amount: | |
| \$125.00 Filing Fed | e \$\Bigsilon\$130.00 Filing Fee & \$\Bigsilon\$Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| Mad Fox Ir | nvestments, LLC. | |
|---|---|----------------------------|
| · · · | ited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | af the maineigal office of the Limited Lieb | ility Company is: |
| The maning address and street address | of the principal office of the Limited Liab | mity Company is. |
| Principal Office Address: | Mailing Address: | |
| 5050 Ralston Road | 5050 Raiston Road | |
| Lakeland, FL 33811 | Lakeland, FL 33811 | |
| | gistered Office, & Registered Agent's S own Registered Agent. You must designate an individua | al or another |
| The name and the Florida street address | SECRE ISION 7 NOV | |
| Douglas | 9 25 | |
| | Name | - - - - - - - - - - |
| 439 S. Florid | da Avenue, Ste. 300 | = |
| Florida | street address (P.O. Box <u>NOT</u> acceptable) | |
| Lake | land _{FL} 33801 | 50 |
| Cit | y, State, and Zip | 7. |

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 (REQUIRED)

(CONTINUED) Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Lori A. Madden 5050 Ralston Road Lakeland, FL 33811 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Zou^a Moddle 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.) Lori A. Madden Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)