# L1000007663

(Requestor's Name)			
(Address)			
(Address)			
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
·.			



100182612471

07/01/10--01027--023 \*\*185.00



Office Use Only

S. HAWKES
JUL 2 1 2010
EXAMINER

S. HAWKES

YUL A 2019

EXAMINER

11110-3855



July 6, 2010

HUGVER T CANTILLO PO BOX 562889 MIAMI, FL 33256

SUBJECT: MADISON LIVING, LLC

Ref. Number: W10000031855

We have received your document for MADISON LIVING, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 310A00016349

# **COVER LETTER**

TO: Registration Section

Division of Corporations				
SUBJECT: MADISON Living Inc. (Name of Resulting Florida Limited Company)				
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.				
Please return all correspondence concerning this matter to:				
Hugver T. Cantillo (Contact Person)  TET Sales and Marketing (Firm/Company)  PO. Box 562889 (Address)  Miami FL 33256 (City, State and Zip Code)				
For further information concerning this matter, please call:				
Tony Cautillo at (305) 338-9338  (Name of Contact Person) (Area Code and Daytime Telephone Number)				
Enclosed is a check for the following amount:  \$\sigma \text{150.00 Filing Fees} \text{ \$\sigma \text{155.00 Filing Fees} \text{ and Certified Copy} \text{ \$\cent{25 for Conversion} \text{ \$\cent{25 for Articles} \tex				
STREET ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section				
Division of Corporations Division of Corporations				
Clifton Building P. O. Box 6327				
661 Executive Center Circle Tallahassee, FL 32314				
Tallahassee, FL 32301				

#### **Certificate of Conversion**

For

### "Other Business Entity"

Into

#### Florida Limited Liability Company



This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this

Certificate of Conversion is:  MAdison Living, Inc.  (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Corporation</u> P05-15391 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
on 11-18-2005 (Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
N/A
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date: $7 - 1 - 20/D$ . (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this <u>22</u> day of <u>Tune</u>	20_/0	
Signature of Member or Authorized Representa	ative of Limited Liability	Company:
Signature of Member or Authorized Representative Printed Name: Hugver T. Cantillo	e: Man J. Can Title: Assident	Director PD
Signature(s):onibehalf:of Other Business Entity:	See-below-for-required-si	gnature(s).]_
Signature: Jugar J. Ceurt  Printed Name: Hugver T. Cantillo	_ Title: Resident	, Managira Director
Signature:Printed Name:		J
Signature: Printed Name:		
Printed Name:	Title:	
Signature:Printed Name:	Title:	PH P
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na	me:			
	imited Liability Company	is:		
Λ	ladicon Livini	1.1.	C	
(Must end with the word "LLC.")	Nadison Living Is "Limited Liability Company," and	e abbreviation	"L.L.C.," or the do	esignation
ARTICLE II - Ac	ddrace.			
	ss and street address of the	e principal	office of the L	imited §
Liability Company				
Principal Office	Address:	<u>Mail</u>	ing Address:	
Of Notalia	Herence Legisteral	teut	Do Box	El 2 000
1840 Carol	Where 4th Goor	<i></i>	Minari F	762887 H 3375
Miami Fl	33/45		MATARIT	
	Registered Agent, Registe	red Office	e, & Registere	d Agent's
<b>Signature:</b> (The Limited Liability C	Company cannot serve as its own Re	egistered Age	nt. You must design	iate an
individual or another		-8		
business entity with an	active Florida registration.)			
The name and the	Florida street address of the			
Spigel	8 Utiera, Pl 1840 Coral	$\mathcal{A}_{-}$		
1.00	Ni Ni	ime ,		
	1840 Coral	Way	, 4 Floor	_
	Florida street address (P	.O. Box <u>N</u>	OT acceptable	<del>:</del> )
	Miami	FI	33/45	
	Miami City, S	tate, and Z	Cip	_
			-	
_	ned as registered agent and	-	V 1	•
	ted liability company at the t the appointment as registe			
	er agree to comply with the			
	complete performance of m	_		
	igations of my posit <b>f</b> on as r		U	
*	Make that the state of the stat		- 10 (	Janar
	~()· / /// ////	VII O	DOG // A	
	- CAMMAN VA	VILLE (	rasion	
	Registered Agent's	Signature	(KEQUIRED)	-0
	(CONTINUED)	NHTP	xlic Ute	(()
	Page 1 of 2			
	20-6 3 111 4			

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Migo MGR	Hugver T. Cantillo POBOX 562889 Miami, FL 33256
MGR	Juanita Payre 80 Box 562889 Miami, FL 33256
MGRM	
MCRM	Moutgon ery Funding, LLC  PO Box 562-889  Mianj FL 33256  (Use attachment if necessary)
ARTICLE V: Effective date, if other than the da	te of filing: $\frac{7-1-20/0}{(OPTIONAL)}$ .
(The effective date: 1) cannot be prior to nor document is filed by the Florida Department the effective date listed in the attached Certal date is listed therein.)  REQUIRED SIGNATURE:	of State; AND 2) must be the same as
Signature of a member or an author	
(In accordance with section 608.408 of this document constitutes an affirm that the facts stated	B(3), Florida Statutes, the execution nation under the penalties of perjury
Hugver T. 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)

Page 2 of 2