# L11000094462

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(Ad	ddress)	
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SECRETARY OF STATE

ANASSEF FLORIDA

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Madison REO Preservation Services, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danzell Madison	·
	Name of Person
	Firm/Company
1224 West 32nd Street	
	Address .
West Palm Beach, FL 33404	
City	//State and Zip Code
madisondanzell@yahoo.com	
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please	call:
Danzell Madison	at ( 561 ) 255-9070
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



August 5, 2011

DANZELL MADISON 1224 WEST 32ND STREET WEST PALM BEACH, FL 33404

SUBJECT: MADISON REO PRESERVATION SERVICES, LLC

Ref. Number: W11000041097

We have received your document for MADISON REO PRESERVATION SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Letter Number: 711A00018456

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Madison REO Preser	vation Services, LLC.
Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Dan - III Marilla	
Danzell Madison	Name of Person
	Name of Person
Madison REO Preservation	on Services, LLC.
	Firm/Company
1224 West 32nd Street,	
	Address
West Palm Beach, FL 33404	4
	ity/State and Zip Code
madisondanzell@yahoo.com	
	for future annual report notification)
For further information concerning this matter, please	se call:
Danzell Madison	at (561 ) 255-9070
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	RT	ICI	E I	_ P	Vя	m	e
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The name of the Limited Liability Company is:

# Madison REO Preservation Services, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:	
601 West Third Street	1224 West 32nd Street	
West Palm Beach, FL 33404	West Palm Beach, FL 33404	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:	
Courtland A. Ba	in All T	1
	Name SE F	η
601 West Th	, 0	
Florida	street address (P.O. Box NOT acceptable)	
West Palm Beac	ch <sub>FL</sub> 33404	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

# 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:
"MGR"	Courtland A. Bain
	West Palm Beach, FL 33404
"MGRM"	Danzell Madison
	1224 West 32nd Streeet
	West Palm Beach, FL 33404
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: August 11, 2011 (OPTIONAL)  se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	MANUAL SERVICE OF THE PARTY OF
Signature of Limember	er or an authorized representative of a member.
(In accordance with section 608 constitutes an affirmation under	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## **Danzell Madison**

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)