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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

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K. SALY EXAMINER

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COVER LETTER

TO: Registration of	on Section Corporations	
SUBJECT: MAI	DEY DESIGNS, LL	.C
	Name of Limi	ted Liability Company .
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all corr	respondence concerning this ma	tter to the following:
<u>Martha</u>	A. Martin	
		Name of Person
		Firm/Company
9464 C	aribbean Boulevard	1
		Address
Cutler Ba	ay, Florida 33189	
		ty/State and Zip Code
ma2marti	n22@aol.com	for future annual report notification)
For further informati	on concerning this matter, pleas	·
rea future, mierman	on concerning this matter, pieas	e can.
Martha A. Mar		at (305) 343-8583
Nai	me 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 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



MADEY DESIGNS, 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:	
9464 Caribbean Boulevard	9464 Caribbean Boulevard	
Cutler Bay, Florida 33189	Cutler Bay, Florida 33189	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address of	of the registered agent are:	
Martha A. Martin		E 2
-	Name	E PLE
9464 Caribbe	an Boulevard	mg 3 0
Florida st	reet address (P.O. Box NOT acceptable)	FI. 0.5
Cutler Bay	_{FL} 33189	高品 99
	City, State, and Zip	٠٠

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:

MGRM	MARGARITA MANGANELLY
	9464 Caribbean Boulevard
	Cutler Bay, Florida 33189
MGRM	MARTHA A. MARTIN
	9464 Caribbean Boulevard
	Cutler Bay, Florida 33189
Use attachment if necessar	y)
	tr than the date of filing: August 17, 2011 (OPTIO te must be specific and cannot be more than five business (a.)

Signature of a member on 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. 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.)

Martha A. Martin

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)