

L118000142769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

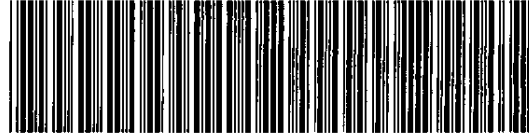
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800214623898

12/09/11--01030--003 **55.00

12/21/11--01008--009 **100.00

FILED

2011 DEC 20 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

DEC 21 2011

EXAMINER

12069-110

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Madinkles Artshop, 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:

Pamela L. Jones

Name of Person

Madinkles Artshop, LLC

Firm/Company

86055 Courtney Isles Way Apt 8208#

Address

Yulee, Florida 32097

City/State and Zip Code

madinkles@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela L Jones

Name of Person

at (904) 849-7666

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 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

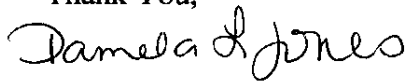
Dec 16, 2011

Tammy Hampton
Subject: Madinkles, LLC
Ref Number W11000062021

Hello Mrs. Hampton,

Please find the corrected application and fees minus the check that was cashed for \$55.00. I filled out the wrong form. I was trying to register a new business not resign from one. I would like to pay the filing fee for Articles of Organization and Designation of Registered Agent and a certified copy.

Thank You,

A handwritten signature in cursive script that reads "Pamela L Jones".

Pamela L Jones



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 DEC 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 12, 2011

PAMELA JONES
MADINKLES, LLC
86055 COURTNEY ISLES WAY - APT 8208
YULEE, FL 32097

SUBJECT: MADINKLES, LLC
Ref. Number: W11000062021

We have received your document for MADINKLES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00027696

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Madinkles Artshop, 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:

86055 Courtney Isles Way Apt.8208
Yulee, FL 32097

Mailing Address:

P.O.Box 252
Yulee, FL 32041-0252

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Pamela L Jones MGRM

Name

86055 Courtney Isles Way Apt 8208

Florida street address (P.O. Box **NOT** acceptable)

YULEE

FL 32097-3548

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..

Pamela L Jones

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Pamela L Jones

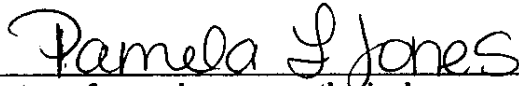
86055 Courtney Isles Way Apt 8208

(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:



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. 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.)

Pamela L Jones

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA