

L12000126416

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000240999 3)))



H120002409993ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : 120070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

MadSim Consulting LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT -3 AM 7:58

FILED

Electronic Filing Menu

Corporate Filing Menu

Help **BRYAN**

OCT -4 2012

EXAMINER

H12000240999 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MADSIM CONSULTING LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

1217-A N LAKE REEDY BOULEVARD

FROSTPROOF, FLORIDA 33843

The mailing address of the Limited Liability Company is:

PO BOX 2433

LAKE WALES, FLORIDA 33859

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

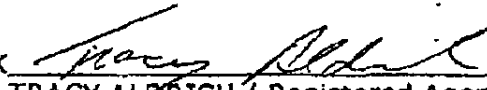
TRACY ALDRICH

1217-A N LAKE REEDY BOULEVARD

FROSTPROOF, FLORIDA 33843

Having been named as registered agent 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.

X



TRACY ALDRICH / Registered Agent's signature

H12000240999 3

FILED
2012 OCT -3 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000240999 3

PAGE 2 MADSIM CONSULTING LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

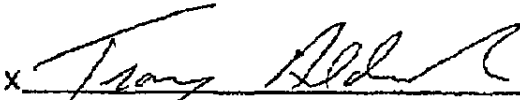
MANAGING MEMBER

TRACY ALDRICH

1217-A N LAKE REEDY BOULEVARD

FROSTPROOF, FLORIDA 33843

FILED
2012 OCT -3 AM 7:58
STATE OF FLORIDA
HALL COUNTY CLERK

x 

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.

TRACY ALDRICH

H12000240999 3