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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Madeline Faiella Designs, 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:

Madeline Faiella

Name of Person

Madeline Faiella Designs, LLC

Firm/Company

1515 South 14th Avenue, No. 9

Address

Hollywood, Florida 33020

City/State and Zip Code

madelinedesign@comcast.net

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

For further information concerning this matter, please call:

Madeline Faiella

954

589-0789

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

□\$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
Madeline Faiella Designs, LLC				
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the pri	incipal office of the Limited Lia	bility Co	mpany	is:
	1	J	. ,	
Principal Office Address:	Mailing Address:			
1515 South 14th Avenue, No. 9	1515 South 14th Avenue, No. 9			
Hollywood, FL 33020	Hollywood, FL 33020			
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individ			
Madeline Falella				
Name				
1515 South 14th Avenue, No. 9	ress (P.O. Box <u>NOT</u> acceptable)			
Hollywood	FL 33020			
City, Sta	te, and Zip			
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complete and accept the obligations of my position as reg	his certificate, I hereby accept the ity. I further agree to comply wit e performance of myduties, and .	e appoint h the pro I am fami	ment d vision iliar w	as s of ith
Registered Agent's Signate	, , ,	SECKE TOLY S	2013 OCT 21 PH 12:	
Page 1 of 2		. F1.03	ુમ /2 :	Ċ

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

	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Madeline Faiella		_
			_
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(Use attachment if necessary)			
	•		
REQUIRED SIGNATURE:	10000		
- Navel	ember or an authorized representative of a r	nember.	
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the section is a section of the section	Mallo)	this document d herein are tru	
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false in the section is a section of the section	ember or an authorized representative of a rep	this document ded herein are true artment of State	•
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree it.)	ember or an authorized representative of a rep	this document d herein are tru	•
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Signature of a m (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree it madeline Faiella Filing Fees: \$125.00 Filing Fee for Articles of of Registered Agent	ember or an authorized representative of a result of the following of the following statutes, the execution of the following statutes of perjury that the facts state information submitted in a document to the Dep felony as provided for in s.817.155, F.S.) Typed or printed name of signee Organization and Designation	this document ded herein are true artment of State	2013 OCT 21
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree it madeline Faiella Filing Fees: \$125.00 Filing Fee for Articles of of Registered Agent \$30.00 Certified Copy (Optional)	ember or an authorized representative of a result of the following of the following statutes, the execution of the following statutes of perjury that the facts state information submitted in a document to the Dep felony as provided for in s.817.155, F.S.) Typed or printed name of signee Organization and Designation	this document ded herein are true artment of State	2013 OCT 21
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree it madeline Faiella Filing Fees: \$125.00 Filing Fee for Articles of of Registered Agent	ember or an authorized representative of a result of the following of the following statutes, the execution of the following statutes of perjury that the facts state information submitted in a document to the Dep felony as provided for in s.817.155, F.S.) Typed or printed name of signee Organization and Designation	this document ded herein are true artment of State	•