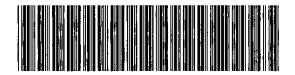
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SEP 2 9 2014 S. YOUNG TO: Registration Section **Division of Corporations** Madson Services LLC
Name of Limited Liability Con The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: C'Laire Madson Name of Person Madson Services LLC 4812 Miramar Dr., # 3308 St. Petersburg, FL 33708
City/State and Zip Code Madsonservices @ gmaile Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

CLaire Madson at (727) 350-4595

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 I - Name:	
The name of the Limited Liability Company is:	
Madson Services 2 (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4812 Miramar Dr. # 3308 St. Petersburg, FL 33708	Same
St. Petersburg, FL 33708	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Rae B. Mad Name 4812 Mirgmar D	Son Egg =
Name	<u>≃</u>
4812 Mirgnar L	Dr. 1# 3308
riorida streej address (P.O. Box <u>r</u>	NOT acceptable)
St. Petersburg City	FL 33708
City	FL 33708 Zip 20 ω
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of the comply with the provisions of the comply with the provisions of the complex terms of the complex terms.	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance of as of my position as registered agent as provided for in Chapter
Rie B	5, F.S. Malso
Registered Agent's Signatu	ire (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Chaire Madson 4812 Maranau Dr. ##3308
	91. Petersburg, FL 3370
	21. 12 (430. 7/10 39/0)
	
 	
EV: Effective date, if other than ective date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than ective date is listed, the date must filling.)	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90
(Use attachment if necessary) E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 Mad 5 00
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E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any. REOURED SIGNATURE: Signature (In accordance with so constitutes an affirmat	e of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
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. ARTICLE IV-