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.

(((H15000147485 3)))



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)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE. INC

Account Number: I2000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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. MADELIN B GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JUN 1 7 2015

HEISCHROEDER

AKTICLES OF ORGANIZATION FOR FLORIDA LEMITED LIABILITY COMPANY

A PROPERTY TO B. Allerson				
ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:			
Madelin B Group LL	C			
(Must end	with the words "Limited	d Liability Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ac	idress of the principal o	office of the Limited	Liability Company is:	
Princip:	al Office Address:		Mailing Address	:
16158 SW 36 CT			58 SW 36 CT	
Miramar, FL 33027		Min	unar, FL 33027	
another business entity with an a	, - ,	d agent are		
	•	Name		
	16158 SW 36 CT			
	Florida street addres	ss (P.O. Bex <u>NOT</u> a	cceptable)	
	Miramar,	<u>FL</u>	33027	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the apt ovisions of all statutes r linduous of myposition	cointment as register relating to the proper	red agent and agree to act in to rand complete performance of as provided for in Chapter 60	his capacity. I of my duties, and I

Page 1 of 2

<u>Title:</u> "AMBR" - Authorized Member	Native and Address:
"MGR" = Manager	No. of the State of the Conference of the Confer
MGR	Madelin Bosakewich 16158 SW 36 CT
	Minamar, FL 33027
(I to attach and if account)	
(Use attachment if necessary)	
R.V: Effective date, if other than the date o	f filing: (OPTIONAL)
ment's effective date on the Department of	f State's records.
the date inserted in this blook does not me ment's effective date on the Department of EVI: Other provisions, if any.	f State's records.
ment's effective date on the Department of E VI: Other provisions, if any.	f State's records.
ment's effective date on the Department of	f State's records.
ment's effective date on the Department of E VI: Other provisions, if any.	State's records.
E VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a more	phor or an authorized representative of a recuber.
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section	nbyr or an authorized representative of a member.
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false i	nber or an authorized representative of a member. In 605.0203 (1) (b), Florida Sumutes, the execution of this docume under the penaltics of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false i	nber or an authorized representative of a member. In 605.0203 (1) (b), Florida Smutes, the execution of this docume under the capalities of perjury that the facts stated herein are true.
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false i	nbyt or an authorized representative of a member. Int 605.0203 (1) (b), Florida Sunutes, the execution of this docume under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.135, F.S.) ch
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree	nber or an authorized representative of a member. In 605.0203 (1) (b), Florida Sumutes, the execution of this docume under the products of perjury that the facts stated herein are true. Information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree	nbyt or an authorized representative of a member. on 605.0203 (1) (b), Florida Sanutes, the execution of this docume under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) ch Typed or printed name of signee
REOURED SIGNATURE Signature of a-man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Madelin Bosakewin	nber or an authorized representative of a member. on 605.0203 (1) (b), Florida Sunutes, the execution of this docume under the penaltics of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) ch Typed or printed name of signee Filing Fees:
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Madelin Bosakewith Signature of Org: \$ 30.00 Certified Copy (Optional)	nbyr or an authorized representative of a member. In 605.0203 (1) (b), Florida Sunutes, the execution of this docume under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s. 817.155, F.S.) ch Typed or printed name of signee Filing Feer: anization and Designation of Registered Agent
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degrees: Madelin Bosakewith Signature of Organical Constitutes of Organical C	nbyr or an authorized representative of a member. In 605.0203 (1) (b), Florida Sunutes, the execution of this docume under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.135, F.S.) ch Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Madelin Bosakewith Signature of Org: \$ 30.00 Certified Copy (Optional)	nbyr or an authorized representative of a member. In 605.0203 (1) (b), Florida Sunutes, the execution of this docume under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) ch Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Madelin Bosakewith Signature of Org: \$ 30.00 Certified Copy (Optional)	nber or an authorized representative of a member. on 605.0203 (1) (b), Florida Sunutes, the execution of this docume under the penaltics of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) ch Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent (1)
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Madelin Bosakewith Signature of Org: \$ 30.00 Certified Copy (Optional)	nbyr or an authorized representative of a member. In 605.0203 (1) (b), Florida Sunutes, the execution of this docume under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s. 817.155, F.S.) ch Typed or printed name of signee Filing Feet: anization and Designation of Registered Agent (1) Page 2 of 2
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Madelin Bosakewith Signature of Org: \$ 30.00 Certified Copy (Optional)	inber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this docume under the panalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) ch Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent anization and Designation of Registered Agent
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Madelin Bosakewith Signature of Org: \$ 30.00 Certified Copy (Optional)	anber or an authorized representative of a member. In 605.0203 (1) (b), Florida Sunutes, the execution of this docume under the penaltics of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Ich Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent Agent Page 2 of 2
REQUIRED SIGNATURE Signature of a man (In accordance with section constitutes an affirmation I am aware that any false is constitutes a third degree is Madelin Bosakewith Signature of Org: \$ 30.00 Certified Copy (Optional)	inber or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this docume under the panalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) ch Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent anization and Designation of Registered Agent