

L17000158154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

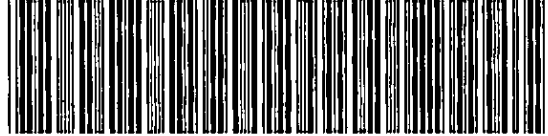
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17 JUL 24 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MADAM'S HOME, LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRE FERREIRA

Name of Person

ASSURED ACCOUNTING AND TAX SERVICES

Firm/Company

3350 NW 22ND TER STE 200B

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

ASSUREDTAX.ANDREA@GMAIL.COM

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

For further information concerning this matter, please call:

ANDREA FERREIRA

954

793-0353

at ( )

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing 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:

MADAM'S HOME, LLC.

(Must contain 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:

8000 W. BROWARD BLVD

SUITE 1618

PLANTATION, FL 33388

Mailing Address:

3801 CRYSTAL LAKE DR

APT 203

DEERFIELD BEACH, FL 33064

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:

SENIZ EKINCI

Name

3801 CRYSTAL LAKE DR APT 203

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

DEERFIELD BEACH

FL

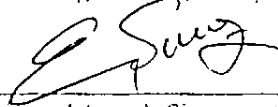
33064

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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17 JUL 24 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" – Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

SENIZ EKINCI

3801 CRYSTAL LAKE DR APT 203

DEERFIELD BEACH, FL 33064

\_\_\_\_\_

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(Use attachment if necessary)

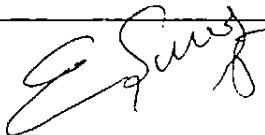
**ARTICLE V:** Effective date, if other than the date of filing: 07/21/2017. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

SENIZ EKINCI

\_\_\_\_\_  
Typed or printed name of signee

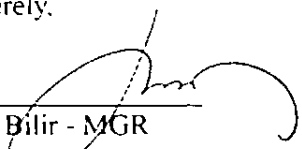
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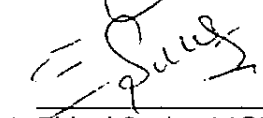
AS PER A TELEPHONE ORIENTATION BY ONE  
OF THE DIVISION OF CORPORATIONS  
AGENT, PLEASE FIND ATTACHED A LETTER  
SAYING THAT THIS COMPANY'S NAME WE  
ARE FILING THE ARTICLES OF  
ORGANIZATION NOW WILL NOT BE USED  
AGAIN BY FORMER OWNERS.

FILED  
17 JUL 24 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We, the members of MADAM'S HOME LLC, document number L17000142048, will not revoke the dissolution filed on 07/20/17, and we authorize the Florida Division of Corporations to release this name.

Sincerely,

  
\_\_\_\_\_  
Tuba Bilir - MGR

  
\_\_\_\_\_  
Ekinici Seniz - MGR

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TALLAHASSEE, FLORIDA