

L17000171812

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17 AUG 19 PM 12:07
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

08/11/17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Madison Brothers 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:

Billy J. Madison
Name of Person

Madison Brothers LLC
Firm/Company

6278 North Federal Hwy # 573
Address

Ft. Lauderdale Florida 33308
City/State and Zip Code

Madison Clyde@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clyde Madison at (754) 367 5954
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:

Madison Brothers L.L.C.

(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:

6278 North Federal Hwy
#573
Ft. Lauderdale FL 33308

Mailing Address:

6278 North Federal Hwy
#573
Ft. Lauderdale FL 33308

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:

Billy J. Madison
Name

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

Pompano bch. Florida 33069
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)

17 AUG 10 PM 12:07
OFFICE OF STATE
TREASURER 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

Name and Address:

AMBR

Myde W. Madison Jr.
65410 NE 18th Ave Apt # 1024
Ft. Lauderdale FL 33334

AMBR

Billy J. Madison
211 Avondale Drive
Pompano Bch FL 33069

AMBR

Jeremy Madison
211 Avondale Dr
Pompano Bch FL 33069

(Use attachment if necessary)

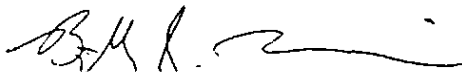
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

BILLY J. MADISON

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

17 AUG 10 PM 12:07
STATE OF FLORIDA
TALLAHASSEE, FLORIDA