

L17000244099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

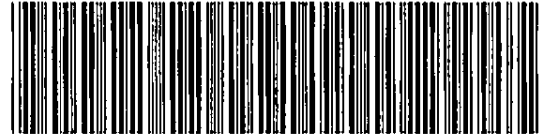
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Burkemper wanted
to be added as manager.
dec 11/20

Office Use Only



400303406954

03/20/17 --60005--005 **55.00

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~~03/31/17 --60022--024 **48.02~~

03/31/16--60022--024 **68.08

~~03/31/16--60022--024 **68.08~~

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
16 MAR 29 PM 3:58

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mad Structures 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:

Jeffrey W Burkemper
Name of Person

Mad Structures LLC
Firm/Company

911 NE 8th Ave Unit B
Address

DelRay Beach FL 33483
City/State and Zip Code

JWBURKEMPER@Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Burkemper 305 916-8894
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing fee	<input type="checkbox"/> \$150.00 Filing fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

16 MAR 29 PM 3:58

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mad. Structures 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:

911 NE 8th Ave B
Delray Beach FL
33483

Mailing Address:

/
/
/

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:

Jeffrey W Burkemper
Name

911 NE 8th Ave B
Florida street address (P.O. Box NOT acceptable)
Delray Beach FL 33483
City State Zip

I 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..

Jeffrey W Burkemper
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV:

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Lisa C Burkemper
911 NE 8th Ave. B
Delray Beach FL 33483

Jeffrey W Burkemper
911 NE 8th Ave. B
Delray Beach FL 33483

(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:

Jeffrey W Burkemper

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.

Jeffrey W Burkemper

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)