18000022034

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(City/State/Zip/Phone #) PICK-UP WAIT MAIL
(City/State/Zip/Phone #) PICK-UP WAIT MAIL
(City/State/Zip/Phone #) PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(2-2-3-3-3-4-3-4-3-4-3-4-3-4-3-4-3-4-3-4-
Cartification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
ļ

Office Use Only



000308353260

01/29/18--01001--011 **154.95

SEURETARY (H. STATE FALLAHASSEE, FLORID RECEIVED

25 AS 20 1 V S 25

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Madewssa Building Opgra Name of Limited Liability Company	cles LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
'Please return all correspondence concerning this matter to the following:	NA STREET, CORPORATE CO.
Bran Pielmeier	
Name of Person	
Alton @ 111 London Foo	Way
San Ford F1 32771 City/State and Zip Code Brianp 1384 @ gma, 1. cum E-mail address: (to be used for future annual report notifi	ication)
For further information concerning this matter, please call:	
Bojan Pielmeier at (407) 221- Name of Person Area Code Daytime Telep	hone Number
Enclosed is a check for the following amount: \$\frac{130.00 \text{ Filing Fee & Certified Copy}}{25130.00 \text{ Certified Copy}} (additional copy is enclose)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Corporations	orations Center Circle

SUPERMENT AND

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Madew SSa Building Ope (Must contain the words "Limited Liability Company, L.L.	ecles LLC C.," or "LI.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ity Company is:	
Principal Office Address:	Mailing Address:	
Ill hon don too was		
Sandard El		
32771		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's S (The Limited Liability Company cannot serve as its own Registered Agent. You manother business entity with an active Florida registration.)	ignature: nust designate an individual or	
The name and the Florida street address of the registered agent are:		NEW MASK (C.
Brian Pielmeier Name		
Ill Landon Fog L	Lay	
Florida street address (P.O. Box NOT accept	الرهاله	
Surford Fl	32771	
City State	Zip	
Having been named as registered agent and to accept service of process for the abo place designated in this certificate. I hereby accept the appointment as registered ag further agree to comply with the provisions of all statutes relating to the proper and am familiar with and accept the obligations of my position as registered agent as pr	ent and agree to act in this capacity. I complete performance of my duties, and I	
• 7		
	TROUBLES.	
Registered Agent's Signature ((REQUIRED)	
	~	

(CONTINUED)

St. 136 th existing

) a	Title: "AMBR" = Authorized Member "MGR" = Manager	Brian III Con Santon	Relimerer Jun Fey way	*9	ngaz navet .	•;*
	(Use attachment if necessary)					
(If an el the date <u>Note:</u>	LE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the tument's effective date on the Department of State	a cannot be more	man five business days prior to or 70 d		াচ্চত ভারত	•
ARTIC	REQUIRED SIGNATURE:					
	Signature of a member of This document is executed in ac	ecordance with sec ation submitted in as provided for in			·	

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)

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

ARTICLE IV-