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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

	New Filing Section Division of Corporations	•			
emonec	Madiba Notary Agency, LLC.				
SUBJECT: Name of Limited Liability Company					
The encl	osed Articles of Organization and fee(s) are submitted for filing.			
Please re	urn all correspondence concerning th	is matter to the following:			
	Shemuel B. Yehudah				
	,	Name of Person		-	
		•			
		Firm/Company		-	
	358 Sheffield O	•			
		Address		-	
	West Palm Beach, FL 33417			∞	
	madibanotary@live.com	City/State and Zip Code	AHAS	MAR 3	
	E-mail address: (to be	used for future annual report notification)	- 	\sim	j- Fi
For further	information concerning this matter, p	elease call:		AM 7:	D
	Shemuel B. Yehudah	561 332-9995	. । स्याः रेकः	ξη (γ)	
	Name of Person	Area Code Daytime Telephone Number			60
Enclosed	is a check for the following amount:				
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of Status		f Status & py		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Madiba Notary Age	nev, LLC.	
(Must con	tain the words "Limited Liability	(Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street a	address of the principal office of	the Limited Liability Company is:
Princip	pal Office Address:	Mailing Address:
358 Sheffield O, Wo	est Palm Beach, FL 33417	358 Sheffield O, West Palm Beach, FL 33417
ADTICLE III Donictored As	rant Degistered Office R. Paul	stand Amazia Signatura
(The Limited Liability Compan		stered Agent's Signature: red Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registe	red Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Registe active Florida registration.)	red Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.) address of the registered agent of	red Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.) address of the registered agent a Shemuel B. Yehudah	red Agent. You must designate an individual or
(The Limited Liability Compan another business entity with an	y cannot serve as its own Register active Florida registration.) address of the registered agent a Shemuel B. Yehudah Name	red Agent. You must designate an individual or

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Shemuel B. Yehudah
	358 Sheffield O West Palm Beach, FL 33417
	west raint beach, FL 33417
AMBR	Yerushah B. Yehudah
	358 Sheffield O
	West Palm Beach, FL 33417
	•
	
	•
(Use attachment if necessary)	
If an effective date is listed, the date mus he date of filing.)	the date of filing:
RTICLE VI: Other provisions, if any.	
<u>REQUIRED</u> SIGNATURE:	11/14/11
Signature of This document is I am aware that a	of a member or an authorized representative of a member. Sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State I degree felony as provided for in s.817.155, F.S.

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)