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|     | Division of | Corporations    |  |
|     | Fax Number  | : (850)617-6381 |  |
|     |             |                 |  |

From:

| • |                |   |                   |        |          |      |
|---|----------------|---|-------------------|--------|----------|------|
|   | Account Name   | : | LAZARUS CORPORATE | FILING | SERVICE, | INC. |
|   | Account Number | : | 120000000019      |        |          |      |
|   | Phone          | : | (305)552-5973     |        |          |      |
|   | Fax Number     | : | (305)675-5944     |        |          |      |
|   |                |   |                   |        |          |      |

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

FLORIDA LIMITED LIABILITY CO. MADISON 8725-102, LLC

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| Certificate of Status | 1        |
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| Estimated Charge      | \$130.00 |

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LAZARUS CORPORATE

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

# Madison 8725-102, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### **Principal Office Address:**

3850 Bird Road, Suite 603 Miami, FL 33146

3850 Bird Road, Suite 603 Miami, FL 33146

Mailing Address:

# ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered replace agent are replaced:

#### Rosanna Di Placido

3850 Bird Road, Suite 603 Miami, FL 33146

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** 

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## ARTICLE IV - Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

<u>Title:</u>

#### Name and Address:

Manager

Rosanna Di Placido 3850 Bird Road, Suite 603 Miami, FL 33146

#### **REQUIRED SIGNATURE:**

DocuSigned by: Kosanna Di Placido 914AA1474372470...

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

(In accordance with section 605.020g(1)(b), Florida Statutes, the execution of this document constitutes an affirmation ander the penalties of perjury that the facts stated berein are true.)

### Rosanna Di Placido

Typed or printed name of signee

Document prepared by: Rosanna Di Placido