

L20000224488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

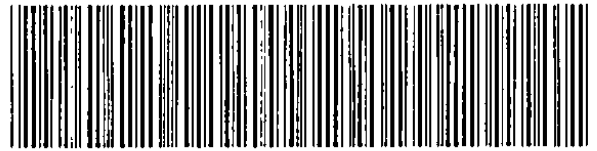
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG -4 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/05/2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MADE Ventures, LLC

Signature _____

Requested by: SETH

08/04/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

ARTICLES OF ORGANIZATION
OF
MADE VENTURES, LLC

FILED
UG-4 AM 10:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned executes these Articles of Organization of MADE Ventures, LLC, to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act.

ARTICLE I. NAME

The name of the limited liability company is: MADE Ventures, LLC.

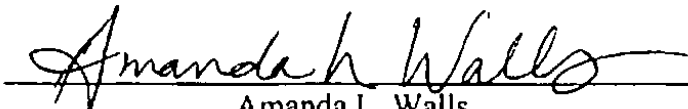
ARTICLE II. ADDRESS

The street address and mailing address of the principal office of the limited liability company is 1035 South Florida Avenue, Suite 101, Lakeland, Florida 33803.

ARTICLE III. REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the limited liability company is 225 East Lemon Street, Suite 300, Lakeland, Florida 33801, and the name of the Company's initial registered agent at that address is Amanda L. Walls.

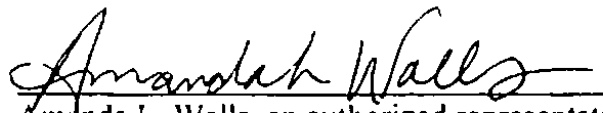
Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Amanda L. Walls

ARTICLE IV. MANAGEMENT OF COMPANY

The limited liability company is to be a manager-managed company. The initial Managers of the Company are Michelle B. Ledford whose address is 911 Foxhall, Lakeland, Florida 33813 and G. Allen Reed whose address is 2411 Cleveland Heights, Lakeland, Florida 33803.

EXECUTED this 4th day of August, 2020.


Amanda L. Walls, an authorized representative