## 220000 44894

(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:





700379971227

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 460944 7949279
AUTHORIZATION: Sprelle de rada
COST LIMIT : \$ 125.00
ORDER DATE : February 4, 2022
ORDER TIME : 9:11 AM
ORDER NO. : 460944-005
CUSTOMER NO: 7949279
DOMESTIC FILING
NAME: MAD FITZ LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
FYAMTNED/C TNITTALC.

## COVER LETTER

	lew Filing So Division of C			
CITE IN C	MAD Fit	z LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
		of Organization and fee(s) are		
Please reti	ırn all corres	ondence concerning this mat	ter to the following:	
	John Caldy	vell		
			Name of Person	_
	FITZHUG	H HOLDINGS LLC		
			Firm/Company	
	250 S. CEI	NTRAL BLVD STE 200		
			Address	
	JUPITER,	FL 33458		
	finance@fit	Ci zhughholdings.com	y/State and Zip Code	
			or future annual report notificatio	n)
For further	nformation o	oncerning this matter, please	call:	
	Laura Tuck		835-9394	
	Na	at ( me of Person An	ea Code Daytime Telephone	Number
Enclosed i	s a check for	the following amount:		
<b>■\$</b> 125.00	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Divis P.O.	ing Address Filing Section ion of Corporations Box 6327 hassee, FL 32314	Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see t, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabi	ity Company is:		
MAD Fitz LLC			
	natin the words "Limited Liab	ility Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address:			
	address of the principal office	of the Limited Liability Comp	anv is:
<u>Princi</u>	pal Office Address:	<u>Mai</u>	ing Address:
250 S. CENTRAL		250 S. CENTRAL I	BLVD STE 200
JUPITER, FL 3345	8	JUPITER, FL 3345	8
		<del></del>	<del></del>
	y cannot serve as its own Res	tegistered Agent's Signature: gistered Agent. You must design	nate an individual or
The name and the Florida stree	t address of the registered age	ent are:	
	Comparison Service Con	nnany	
	Corporation Service Con	ame	<del></del>
	1201 Hays Street	O. Box NOT acceptable)	
	Piorida street address (F.	O. Box (401 acceptable)	
	Tallahassee	FL 32301	<u> </u>
	City	State Zip	
Having been named as registered blace designated in this certificat iurther agree to comply with the j am familiar with and accept the c	e, I hereby accept the appoint provisions of all statutes relati obligations of my position as re Corporation Service By Registered	ment as registered agent and ag ng to the proper and complete p egistered agent as provided for i	ree to act in this capacity. I erformance of my duties, and I n Chapter 605, F.S



Title:		Name and Address:
"AMBR" = Author	i	
"MGR" = Manag	¢r	
AMBR		MAD NFT_LLC
	<u> </u>	481 FEDERAL HWY
		DANIA BEACH, FL 33004
AMBR		FITZHUGH HOLDINGS LLC
WMDK	<del> </del>	250 S. CENTRAL BLVD STE 200
		NIPITER, FL 33458
	<del></del> -	
		<del> </del>
// fan akka-b		
Use attachment i	necessary)	<b>↓</b>
ctive date is liste f filing.)	d, the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 9
ective date is liste of filing.) the date inserted	d, the date must be speci in this block does not mee ate on the Department of	fic and cannot be more than five business days prior to or 9  et the applicable statutory filing requirements, this date will no
ective date is liste of filing.) the date inserted nent's effective d	d, the date must be speci in this block does not mee ate on the Department of	fic and cannot be more than five business days prior to or 9  et the applicable statutory filing requirements, this date will no
ective date is liste of filing.) the date inserted nent's effective d	d, the date must be speci in this block does not mee ate on the Department of	fic and cannot be more than five business days prior to or 9  et the applicable statutory filing requirements, this date will no
ective date is liste of filing.) the date inserted nent's effective d E VI: Other provi	d, the date must be speci- in this block does not mee ate on the Department of sions, if any.	fic and cannot be more than five business days prior to or 9  et the applicable statutory filing requirements, this date will no
ective date is liste of filing.) the date inserted ment's effective d	d, the date must be speci- in this block does not mee ate on the Department of sions, if any.	fic and cannot be more than five business days prior to or 9  et the applicable statutory filing requirements, this date will no
ctive date is liste f filing.) the date inserted nent's effective d EVI: Other provi	d, the date must be speci- in this block does not mee ate on the Department of sions, if any.	fic and cannot be more than five business days prior to or 9  et the applicable statutory filing requirements, this date will no
ective date is liste of filing.) the date inserted nent's effective d E VI: Other provi	d, the date must be speci- in this block does not mee ate on the Department of sions, if any.  NATURE:	fic and cannot be more than five business days prior to or 9 et the applicable statutory filing requirements, this date will no State's records.
ective date is lister of filing.) the date inserted nent's effective d E VI: Other provi	d, the date must be speci- in this block does not mee ate on the Department of sions, if any.  NATURE:	fic and cannot be more than five business days prior to or 9 et the applicable statutory filing requirements, this date will no State's records.
ctive date is lister filing.) the date inserted ment's effective described by the control of the	in this block does not meet ate on the Department of sions, if any.  NATURE:  Signature of a member of a document is executed	the applicable statutory filing requirements, this date will no State's records.  State's records.
ctive date is lister filling.) the date inserted ment's effective decent's effetive	in this block does not mee ate on the Department of sions, if any.  NATURE:  Signature of a memi his document is executed am aware that any false in	the applicable statutory filing requirements, this date will no State's records.  State's records.  bet an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State
ctive date is lister filing.) the date inserted ment's effective described by the control of the	in this block does not mee ate on the Department of sions, if any.  NATURE:  Signature of a memi his document is executed am aware that any false in	the applicable statutory filing requirements, this date will no State's records.  State's records.
ctive date is lister filing.) the date inserted ment's effective described by the control of the	in this block does not mentate on the Department of sions, if any.  NATURE:  Signature of a member of	the applicable statutory filing requirements, this date will no State's records.  bet or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
ctive date is lister filing.) the date inserted ment's effective described by the control of the	in this block does not mentate on the Department of sions, if any.  NATURE:  Signature of a member of	the applicable statutory filing requirements, this date will no State's records.  State's records.  bet an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State
ctive date is lister filing.) the date inserted ment's effective described by the control of the	in this block does not mentate on the Department of sions, if any.  NATURE:  Signature of a member of	the applicable statutory filing requirements, this date will no State's records.  bet or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
ctive date is lister filing.) the date inserted ment's effective december of the date in the d	in this block does not mentate on the Department of sions, if any.  NATURE:  Signature of a member of	the applicable statutory filing requirements, this date will no State's records.  bet or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:
ctive date is lister filing.) the date inserted ment's effective described by the date in	in this block does not mentate on the Department of sions, if any.  NATURE:  Signature of a member of	the applicable statutory filing requirements, this date will no State's records.  bet or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.
ctive date is lister filing.) the date inserted ment's effective do E. VI: Other provide the control of the con	in this block does not mentate on the Department of sions, if any.  NATURE:  Signature of a member of a member of sions and side out the degree feather of	the applicable statutory filing requirements, this date will not statute is records.  State's records.  Der or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Dization and Designation of Registered Agent
ctive date is lister filing.) the date insertedment's effective described by the date in the	in this block does not mentate on the Department of sions, if any.  NATURE:  Signature of a member of	the applicable statutory filing requirements, this date will not statute is records.  State's records.  Der or an authorized representative of a member in accordance with section 605.0203 (1) (b), Florida Statutes formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Dization and Designation of Registered Agent

ARTICLE IV-