Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)962-3889

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

Email Address:

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# FLORIDA LIMITED LIABILITY CO.

#### M.A.D. Academics LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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### COVER LETTER

	COVERLETTER		
TO:	New Filing Section	72.00 7.00 7.00 7.00 7.00 7.00 7.00 7.00	
	Division of Corporations	22 F	$\overline{T}$
SUBJEC	M.A.D. Academics LLC	EB 1	FILED
	Name of Limited Liability Corpus	JAKE P P	in
The encl	osed Articles of Organization and fee(s) are submitted for filing.	2022 FEB 1 1 PM 12: 46	$\bigcirc$
Please re	eturn all correspondence concerning this matter to the following:		
	Cheyonne Moseley		
	Name of Perch		
	Legalzoom.com, Inc.		
	FinCapay	<del></del>	
	101 N Brand Blvd., 11th Floor		
	Actiess		
	Glendale CA 91203		
	City/State and Zip Cite		
	ONLINEFILINGS@LEGALZOOM.COM		
	E-mail address: (to be used for future annual report notification)		
For furthe	r information concerning this matter, please call:		
	Cheyenne Moseley 323 962-8600 at ()		
	Name of Person Area Code Daytime Telephone Number		
Enclosed	d is a check for the following amount:		
□\$125.	00 Filing Fee S130.00 Filing Fee S25155.00 Filing Fee S25160.00 F Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Co (additional copy is enclosed)	f Status & py	
	MailingAddressStreetAddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

M.A.D. Academics LLC			
(Must conatin the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	2022 FI SECT	777
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:	EB 11	
Principal Office Address:	Mailing Address:	EE	[7]
2885 S Federal Hwy, Suite B3f Delray Beach, FL 33483		_ [왕] <b>장</b>	

ARTICLE III - Registered Agent, Registered Office. & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

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

UNITED STATE:	S CORPORATION AC	GENTS INC.
	Name	
5575 S. Semoran	Blvd. Suite 36	
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
Orlando	FL	32822
ۄ	State	Zip

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 (NEQUITED)

(CONTINUED)

Title:		Name and Address:	
"AMBR" = Authoriz	ed Member		
"MGR" = Manager			
AMBR		Kerrie-Ann J. Dixon	
7thion.	<del></del>	2885 S Federal Hwy, Suite B3f	<del></del>
		Delray Beach, FL 33483	
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LEV: Effective date, fective date is listed, of filing.)  If the date inserted in the date.	if other than the date of the date must be specthis block does not me on the Department of	f filing: (OPT ific and cannot be more than five business days et the applicable statutory filing requirements, the State's records.	prior to or 90 days is date will not be lis
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LE V: Effective date, fective date is listed, of filing.) If the date inserted in timent's effective date. E VI: Other provision REQUIRED SIGN.	fother than the date of the date must be specified block does not me on the Department of the ms, if any.  ATURE:  Signature of a mendocument is executed	et the applicable statutory filing requirements, the State's records.  Determine the statutory filing requirements, the state of a member or an authorized representative of a member of an accordance with section 605.0203 (1) (b). Fig.	prior to or 90 days is date will not be lis ber. ber. brida Statutes.
LE V: Effective date, fective date is listed, of filing.) If the date inserted in timent's effective date. E VI: Other provision REQUIRED SIGN.  This I am	fother than the date of the date must be specified block does not me on the Department of the ms, if any.  ATURE:  Signature of a mendocument is executed aware that any false is	et the applicable statutory filing requirements, the State's records.	prior to or 90 days is date will not be lis ber. ber. brida Statutes.

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)

To: +18506176381



2022 FEB 11 PM 12: 46

1/20/2022

## To Whom It May Concern:

I, Kerrie-Arm J. Dixon, hereby release my name M.A.D. Academics Inc. to Legalzoom and give them full authorization to file the entity M.A.D. Academics Inc. on my behalf, as I will not be reinstating the dissolved business and have no intention of revoking the dissolution.

W Ni A

Kerrie-Ann J. Dixon