

Division of Corporations

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L23000107680

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6361

From:

Account Name : Vcorp SERVICES, LLC

Account Number : 12038036667

Phone : (845) 425-9077

Fax Number : (845) 818-3588

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

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FLORIDA LIMITED LIABILITY CO.**The Madeleine Group LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Madeleine Group LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:201 Phipps Plaza, Apt 4
Palm Beach, FL 33480Mailing Address:201 Phipps Plaza, Apt 4
Palm Beach, FL 33480

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:

Vcorp Agent Services, Inc.Not5011 South State Road 7, Suite 106Florida street address (P.O. Box NOT acceptable)DavieFL33314CityStateZip

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 ~~its~~ his 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~~ Chapter 605, F.S.

[Signature]Registered Agent's Signature **FILED**

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBR/MGRRagnar Oelsner201 Phipps Plaza, Apt 4, Palm Beach, FL 33480AMBR/MGRCharlie Neufeld1870 Pacific Ave, Unit 202, San Francisco, CA 94109

(Use attachment if necessary)

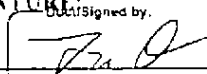
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signed by:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 I am aware that any false information submitted in a document to the Department of State
 constitutes a third degree felony as provided for in s.817.155, F.S.

Ragnar Oelsner

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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