

L990000004239

Juan C. Ferreira
Requestor's Name

445 Douglas Ave. Ste 2005-1
Address

Altamonte Springs, FL 32714
City/State/Zip Phone #

800002897388--3
-06/07/99--01160--013
*****8.75 *****8.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Madison + Wall L.C. 800002897388--3
(Corporation Name) (Document #) -06/07/99--01160--014
*****52.50 *****52.50
2. _____
(Corporation Name) (Document #)
3. _____ 800002897388--3
(Corporation Name) (Document #) -06/07/99--01160--015
*****250.00 *****250.00
4. _____
(Corporation Name) (Document #) 800002897388--3
-06/07/99--01160--016
*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy ☐ Certificate of Status
W99-13378

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
99 JUL 14 AM 10:04

W99-13378
7/14

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 23, 1999

JUAN C. FERREIRA
445 DOUGLAS AVE., STE 2005-1
ALTAMONTE SPRINGS, FL 32714

SUBJECT: MADISON AND WALL FINANCIAL SERVICES L.C.
Ref. Number: W99000013378

We have received your document for MADISON AND WALL FINANCIAL SERVICES L.C. and your check(s) totaling \$346.25. However, the document has not been filed and is being retained in this office for the following:

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please give me some kind of indication of the relation between the corporation we have on file under the name Madison & Wall Financial Services Inc.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 799A00031054

99 JUN 14 AM 10:04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 9, 1999

JUAN C. FERREIRA
445 DOUGLAS AVE., STE 2005-1
ALTAMONTE SPRINGS, FL 32714

SUBJECT: MADISON AND WALL FINANCIAL SERVICES L.C.
Ref. Number: W99000013378

We have received your document for MADISON AND WALL FINANCIAL SERVICES L.C. and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Please give me some kind of indication of the relation between the corporation we have on file under the name Madison & Wall Financial Services Inc.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 799A00031054

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR

MADISON AND WALL L.C.

ARTICLE I

The name of the Limited Liability Company is Madison and Wall L.C.

ARTICLE II

The principal place of business and mailing address of Madison and Wall L.C. shall be 445 Douglas Ave., Suite 2005-1, Altamonte Springs, FL 32714.

ARTICLE III

The period of duration for Madison and Wall L.C. be perpetual.

ARTICLE IV

Madison and Wall L.C. is to be managed by a manager and the name and address of such manager is Juan C. Ferreira whose address is 445 Douglas Ave., Suite 2005-1, Altamonte Springs, FL 32714.

ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be by the mutual consent, in writing, by all current members and, if required by the members, the additional member may be required to contribute cash, property, services rendered, or a promissory note or other obligation to contribute cash or property or to perform services in order to become a member.

ARTICLE VI

The remaining members of Madison and Wall L.C. will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in Madison and Wall L.C.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 14 AM 10:04

ARTICLE VII

The undersigned member or authorized representative of a member of Madison and Wall L.C., L.C. certifies:

- 1) The above named Limited Liability Company, Madison and Wall L.C., has at least one member;
- 2) The total amount of cash contributed by Juan C. Ferreira and Maria T. Ferreira is \$500.
- 2) The total amount of cash contributed by Golden Eagle Holdings, Ltd. is \$500.00.
- 3) If any, the agreed value of property other than cash contributed by the member(s) is NONE.
- 4) The total amount of cash and property contributed and anticipated to be contributed by members is \$1,000.



Juan C. Ferreira

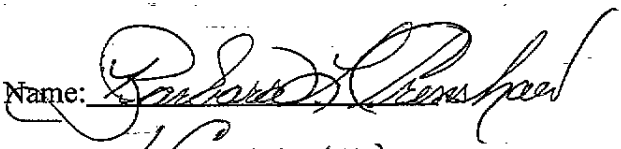
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOAN FERREIRA
Type or printed name of signee

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SECRETARY OF STATE
DIVISION
99 JUN 14 AM 10:04

STATE OF FLORIDA
COUNTY OF ~~HILLSBOROUGH~~ SEMINOLE

SWORN TO AND SUBSCRIBED before me, an officer duly authorized to take acknowledgments on this 4 day of JUNE, 1999, personally appeared, JUAN FERREIRA, who is personally known to me or who produced a Florida Driver's License as I.D. and who did take an oath.

Notary Name: 

BARBARA L. CRENSHAW

Notary Public - State of Florida

My Commission Expires: 10/25/02

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Barbara L Crenshaw
My Commission CC783419
Expires October 25, 2002

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED

OFFICE FOR MADISON AND WALL

L.C.

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Madison and Wall , L.C.
2. The Name and the Florida street address of the registered agent are:

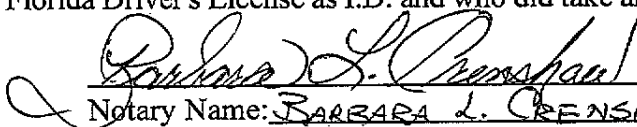
Juan C. Ferreira at 465 Douglas Ave., Suite 2005-1, Altamonte Springs, FL 32714.
445

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


Signature of Registered Agent

STATE OF FLORIDA
COUNTY OF ~~ORANGE~~ **SEMINOLE**

SWORN TO AND SUBSCRIBED before me, an officer duly authorized to take acknowledgments on this 4 day of JUNE, 1999, personally appeared, JUAN FERREIRA, who is personally known to me or who produced a Florida Driver's License as I.D. and who did take an oath.


Notary Name: BARBARA L. CRENSHAW

Notary Public - State of Florida

My Commission Expires: 10/25/02

