

L990000006727

Sumstate Records
Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

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

1. Madness Lating Distribution,
(Corporation Name) (Document #)

2. LLC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 3:03

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input checked="" 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

700003014577--8
-10/14/99--01049--007
***155.00 ***155.00

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

RECEIVED
99 OCT 14 AM 10:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

**ARTICLE I
Name**

The name of the Limited Liability Company is:

MADNESS LATINA DISTRIBUTION, LLC

**ARTICLE II
Address**

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

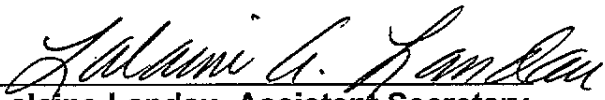
**10290 S.W. 137th Place
Miami, Florida 33186**

**ARTICLE III
Registered Agent, Registered Office, and Registered Agent's Signature**

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

**Corporation Company of Miami
201 S. Biscayne Boulevard
1500 Miami Center
Miami, Florida 33131**

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 608, F.S..


**Lalaine Landau, Assistant Secretary
for Corporation Company of Miami
(Registered Agent)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 14 PM 3:03

**ARTICLE IV
Management**

(Check box if applicable)

☒ The limited liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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

SIGNATURES

Date: 10-12-99


Elisabeth Sourceau, member

Date: 10-12-99


Gisela Nunez, member

PRINT NAMES

Elisabeth SOURCEAU
Elisabeth Sourceau, member

Gisela Núñez
Gisela Nunez, member