# M17000009793

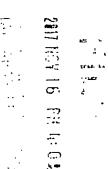
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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J. HARRIS

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: M.A.D. PROPERTY SOLUTIONS, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Margarita Vázquez
Name of Person
M.A.D. PROPERTY SOLUTIONS, LLC
Firm/Company
392 Melody Ct
Address
Ft Myers FL 33916  City/State and Zip Code
vazmarg77@icloud.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margarita Vázquez at (239 ) 595-0248
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:    I

### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2017

MARGARITA VAZQUEZ 392 MELODY CT FT MYERS, FL 33916

SUBJECT: M.A.D. PROPERTY SOLUTIONS, LLC

Ref. Number: W17000086729

We have received your document for M.A.D. PROPERTY SOLUTIONS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00021897

I have Attached the certificate of good standing plus all the prior ones sent. You obversely have posted the check \$12217 Previously sent to you. Please register my Business as requested previously. Thank you kindly thank you kindly topogride Vosques.

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

2017 NOV 16 FM 12: 38

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. M.A.D. PROPERTY SO (Name of Fore	LUTIONS, LLC lign Limited Liability Company; must include "Li	mited Liability Company," "L.L.C.," or	"LLC.")		_
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of transacting	ng business in Florida. The alternate nar	ne must inc	clude "L	 imited
2. Nevada					
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	)		_
J	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	if prior to registration.) determine penalty liability)	-		
5. 392 Melody Ct Ft Myers	FL 33916	· · · · · · · · · · · · · · · · · · ·	_		
	(Street Address of Principal Office	ce)	_		
6			_		
			<del></del>	1/-27 #####	
	(Mailing Address)			==== =================================	ee
7. Name and street addres	ss of Florida registered agent: (P.O. Box NO	T_acceptable)	:	ACA	e:
Name:	Registered Agents Inc.			6	
Office Address:	3030 N. Rocky Point Dr. STE 150A		• •		
	Tampa (City)	, Florida 33607 (Zip code)	_ :::	: () (,4	
designated in this applica to complywith the provision	tance: gistered agent and to accept service of proce tion, I hereby accept the appointment as reg ons of all statutes relative to the proper and my position as registered agent.  (Registered agent's s	istered agent and agree to act in th complete performance of my dutie	is capacii	ty. I fui	rther agree
•	acity and address of the person(s) who has/ha	ve authority to manage is/are:			
Margarita Vázquez Mo	gr 392 Melody Ct Ft Myers FL 33916			_	
Abimelec Cintrón Mg	r 392 Melody Ct Ft Myers FL 33916			_	
Di'Angelo Cintrón M	gr 392 Melody Ct Ft Myers FL 339	16		_	
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is in ubmitted)				
	Signature of an authori	zed person			
	in accordance with section 605.0203 (1) (b), to the Department of State constitutes a third d				n

Typed or printed name of signee

Margarita Vázquez

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, M.A.D. PROPERTY SOLUTIONS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 17, 2017, and is in good standing in this state.

OF THE VAD A

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 2, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate

Certificate Number: C20171002-0875 You may verify this electronic certificate online at http://www.nvsos.gov/