

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pilone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
alice Meyer GAVE
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COVER LETTER

TO: Registration Se Division of Co					
M.D. N	MEDINA INVESTMEN	VTS, LLC			
SUBJECT:		ed Liability Company)		_	
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.			
Please return all corresp	ondence concerning this matt	er to the following:			
David A.	Freedman				
	(Name of Person)			
Coffey Bu	ırlington				
		(Firm/Company)			• .
2699 Sot	uth Bayshore Dr	ive, Penthouse			-se
		(Address)			
Miami,Flo	orida 33133		not a second	ŽΩ	07
	(City	/State and Zip Code)	<u> </u>	FE	07 APR
For further information of	concerning this matter, please	call:		ASSE	ယ်
				<u> </u>	70
David A. Freed		at (305) 858-29 (Area Code & Daytime	900	OF STATE	PM 5: 00
(rvame	of Person)	(Area Code & Daytime	Telephone Number)	型型	00
Enclosed is a check fo	r the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filin Certificate of St Certified Copy (additional copy is	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addresses Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons r Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M.D. MEDINA INVESTMENTS, LLC			
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")		-•-
ARTICLE II - Address:			
The mailing address and street address of the	e principal office of the Limited Liability Comp	any is:	
Principal Office Address:	Mailing Address:		
2601 South Bayshore Drive, Ninth Floor	2601 South Bayshore Drive, Ninth Floor	. •	
Miami, Florida 33133	Miami, Florida 33133	- .	٠-7
	- <u> </u>	142.7	, jag
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: David A. Freedman, Esq.			프 9
Name		5: 00	
2699 South Bayshore D	Orive, Penthouse		
Florida stree	t address (P.O. Box NOT acceptable)		
Miami	FL 33133		
City, Sta	ate, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Manuel D. Medina	·	
	2601 South Bayshore Drive, Ninth Floor	_	
	Miami, Florida 33133		
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(Use attachment if necessary)			
effective date is listed, the date must be sp	te of filing: April 3, 2007 (OPTION pecific and cannot be more than five business da		r
0 days after the date of filing.)			
0 days after the date of filing.)  REQUIRED SIGNATURE:			
Of days after the date of filing.)  REQUIRED SIGNATURE:	Au-		
REQUIRED SIGNATURE:	r an authorized representative of a member.	<i>a</i> .	

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)

David A. Freedman

Typed or printed name of signee