

L10000084275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

W10-33919

Special Instructions to Filing Officer:

Office Use Only

*Signed and returned invoice to Dept. of Education, Vocational Rehabilitation Services on 7/20/10.*

*FF \$105  
cepus 35*



000182457040

08/11/10--01004--002 \*\*160.00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 10 PM 2:44

~~8. 7. 2010~~ AUG 11 2010

EKE 1685

2632 Bedford Way  
Tallahassee, Florida 32308-3804  
July 8, 2010

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** MDS Consulting Group, LLC

Dear Sir or Madam:

The enclosed Articles of Organization and fee(s) are submitted for filing.

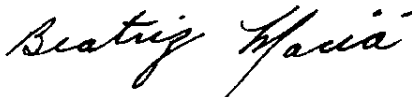
Please return all correspondence concerning this matter to the following:

Beatriz Maciá  
MDS Consulting Group, LLC  
2632 Bedford Way  
Tallahassee, Florida 32308-3804  
E-mail address: maciab50@yahoo.com

Enclosed is a check for 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Sincerely,



Beatriz Maciá

Enclosure

**DEPARTMENT OF EDUCATION  
VOCATIONAL REHABILITATION SERVICES  
AUTHORIZATION AND BILLING INVOICE**

Return To: VOCATIONAL REHABILITATION  
1320 EXECUTIVE CENTER DR  
ATKINS BLDG., STE 200  
TALLAHASSEE, FL 32301  
(850) 245-3456

INVOICE #: **EKE1685**  
EXP. OPTION : A3  
GRANT #: B2700

FOR : Ms. Beatriz Macia  
2632 BEDFORD WAY  
TALLAHASSEE, FL 323083804

ID#: VR0457215 CASE # 01

MEDICAID NO :

INSURANCE CO :

POLICY NO :

EMPLOYER INS :

POLICY NO :

OBJECT CODE : 252019

ORG. CODE : 48800201113

FUND CODE : 10

VENDOR : VF593466865008  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 323140000

SERVICE TO BE PROVIDED :	FEE CODE	AUTHORIZED AMOUNT	BILLED AMOUNT
--------------------------	----------	-------------------	---------------

Pursuant to Rule 60A-1.030(3)(d)viii and 60A-1.032(1)(g)&(h) the following transaction(s) are not subject to the one percent transaction fee.

0001	OCCUPATIONAL LICENSE, TOOLS, EQUIPMENT, STOCK AND SUPPLIES	G10005	\$160.00
	Item/Hour	1 @	\$160.00
	07/15/2010 thru 07/15/2010		
	Business License -		
	Total amount:	\$160.00	Customer share: (0%) \$0.00
			VR share: (100%) \$160.00

**If total amount differs, the customer share will not exceed 0%.**

STATE TAX EXEMPT # : 85-801-2631862C-2      Customer share: (0%)      \$0.00      TOTAL BILLED TO VR:      \$160.00

Wendell L. Rackley      5407      07/15/2010

Wendell Rackley      CO #      DATE

*[Signature]*      7/15/10  
SUPERVISOR APPROVAL      DATE

COUNSELOR APPROVAL FOR PAYMENT      DATE

**VENDOR COPY  
Keep for your records  
Do NOT Return**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2010

BEATRIZ MACIA  
MDS CONSULTING GROUP, LLC  
2632 BEDFORD WAY  
TALLAHASSEE, FL 32308-3804

SUBJECT: MDS CONSULTING GROUP, LLC  
Ref. Number: W10000033919

We have received your document for MDS CONSULTING GROUP, LLC. However, the document has not been filed and is being returned for the following:

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

I have signed and returned the billing invoice from the Department of Education, Vocational Rehabilitation Services. Your document will be filed when both the corrected document and payment are received by this office.

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) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 510A00017496



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2010

VOCATIONAL REHABILITATION  
1320 EXECUTIVE CENTER DR.  
ATKINS BLDG., STE. 200  
TALLAHASSEE, FL 32301

SUBJECT: MDS CONSULTING GROUP, LLC  
Ref. Number: W10000033919

We have received the Articles of Organization to form the above referenced limited liability company; however, no fees were included. Enclosed please find the signed authorization and billing invoice as requested.

Please return the payment to my personal and confidential attention at the address indicated below.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 310A00017506

VVPR010

Run Date: 07/30/2010 04:51 AM

Requested By: Lauratta Adams

Page Break: Vendor

Sorted By: Authorization Number

Parameters: Prog Comp 11.

**Department of Education**  
**Division of Vocational Rehabilitation**  
**Authorization Payment**  
**Authorization Payment Details**  
 07/29/2010 Thru 07/29/2010

Page 301 of 403

Production

Extract: 07/29/2010

Report#: 955301

**Vendor:** VF593466865008  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 PO BOX 6327  
 TALLAHASSEE, FL 32314-0000

**Voucher:** T00852

Invoice Number	Line Num	Fee Code	Service Provided & Date	Customer Name & Identifier	Counselor Name, Phone & Address	Payment Amount
EKE1685	001	G10005	OCCUPATIONAL LICENSE, TOOLS, EQUIPMENT, STOCK AND SUPPLIES Date: 07/15/2010 thru 07/15/2010 Business License -	Beatriz Macia ID# VR0457215 Case# 01	Wendell L Rackley (850) 245-3456 1320 EXECUTIVE CENTER DR ATKINS BLDG., STE 200 TALLAHASSEE, FL 32301-	\$160.00

**Warrant Amount:** \$160.00

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

**ARTICLE I:**

The name of the Limited Liability Company is: MDS Consulting Group, LLC.

**ARTICLE II:**

The mailing address and street address of the principal office of the MDS Consulting Group, LLC is:

Principal Office Address:  
2632 Bedford Way  
Tallahassee, Florida 32308-3804

Mailing Address:  
2632 Bedford Way  
Tallahassee, Florida 32308-3804

**ARTICLE III:**

The name and Florida street address of the limited liability company's registered agent is.

Beatriz Maciá  
2632 Bedford Way  
Tallahassee, Florida 32308-3804

*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.*

10 AUG 10 11:52 AM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Beatriz Maciá  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV:**

The name and address of the one Manager for the company is as follows:

<u>Name and Title</u>	<u>Address</u>
Beatriz Maciá Manager	2632 Bedford Way Tallahassee, Florida 32308-3804

**ARTICLE V:**

The Effective Date of these Articles of Organization is considered to be the date of filing.

In accordance with section 608.408(3), Florida Statutes, the execution of this document by at least one member of the company constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

BEATRIZ MACIÁ  
Printed Name

Beatriz Maciá  
Beatriz Maciá  
Signature of a member

Pursuant to s. 608.407, Florida Statutes