Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown) below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)617-6383

From:

: SHAPIRO & ADAMS, P.A. Account Name

Account Number : Il9990000101 : (561)691-0059 Phone : (561)691-0066 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

igifford@vsth.com

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FLORIDA LIMITED LIABILITY CO. Son of MDO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

B. KOHR Corporate Hang Menu

Electronic Filing Menu

Help

EXAMINER

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ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
WATER OF CAMERATION AND ACCES	PARTIES TO THE LANGE THE PARTIES AND ADDRESS OF

ARTICLE I - Name:

The name of the Limited Liability Company is:

Son of MDO, LLC

(Must and with the words "Limited Liability Company, "LLC." or "LLC."

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

201 South College Street

Sulte 1540

Charlotte, NC 28244

201 South College Street

Butto 1540

Charlotte, NC 28244

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company counct curve as its own Registered Agent. You would designed an individual or another business entity with an active Florida registration.)

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

L. Kerry Vickar

Name

353 Old Jupiter Beach Road

Florida street address (P.O. Box NOT acceptable)

Jupiter,

_{FL}33477

City, State, 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 performence of my duties, and I am familiar with and accept the obligations of my position as regulared agent as provided for in Chapter 608, P.S.

Registered Agent's Signature (RECHARD)

(CONTINUED)

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<u>Title;</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	L. Kerry Vicker 201 South College Street, Suite 1540 Charlotte, NC 25244
·	
Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or an anthonistic representative of a member.

(in accordance with section 604.408(3), Florida Statutes, the execution of this document constitutes as affirmation under the penalties of perjury that the facts stated berein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.E.)

L. Kerry Vickar

Typed or printed name of eignee

Filing Peen:

5125.08 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.06 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)

Page 2 of 2

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