

L13000139143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

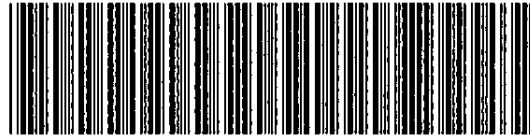
Special Instructions to Filing Officer:

OCT - 2 2013

A. LUNT

W13-46914

Office Use Only



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08/20/13--01031--008 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT - 1 PM 2:38

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2013

ANDREA GUILLOT
1015 EAST SUNRISE BLVD. UNIT 205
FT. LAUDERDALE, FL 33304

SUBJECT: M.D. REVENUE LLC
Ref. Number: W13000046914

We have received your document for M.D. REVENUE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 213A00020124

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M.D. Revenue LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Andrea Guillot

Name of Person

M.D. Revenue

Firm/Company

1015 East Sunrise Blvd unit 205

Address

Ft.Lauderdale, FL 33304

City/State and Zip Code

andrea@md-revenue.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Guillot

Name of Person

at (**305**) **781 - 4655**

Area Code & Daytime Telephone Number

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)

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

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

9/30/13

Subject- MD Revenue LLC and AG Revenue Inc

I have received the attached document ref num. W13000046914. / Letter num. 213A00020124

The principals are both my accounts. I updated my records to AG Revenue Inc so MD Revenue LLC may be available. I would like to resubmit and move forward with MD Revenue LLC.

Thank you
Andrea Guillot
andrea@md-revenue.com
Cell-305 781 4655

2013 OCT -1 PM 2:30
OFFICE OF THE
TALIAFERRO, J. L. CLERK

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M.D. Revenue LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1015 E Sunrise Blvd

unit 205

Ft. Lauderdale, FL 33304

Mailing Address:

1015 E. Sunrise Blvd

unit 205

Ft. Lauderdale, FL 33304

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:

Andrea Guillot

Name

1015 E Sunrise Blvd unit 205

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

Ft. Lauderdale, FL 33304

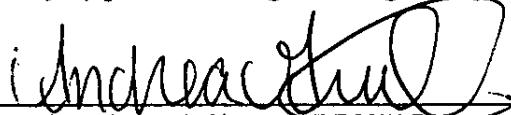
FL

City, State, and Zip

2013 OCT 11 PM 2 30
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Henrietta Jacobson
1215 SW 48th Terrace
Deerfield Beach, FL 33442

MGRM

Andrew Rattray
3021 Hartridge Terrace
Wellington, FL 33414

MGRM

Andrea Guillot
1015 E. Sunrise Blvd. Unit 205
Ft. Lauderdale, FL 33304

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TALLAHASSEE FLORIDA

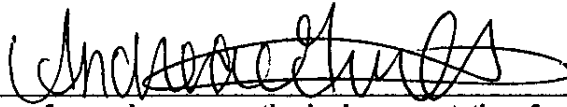
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Andrea Guillot

Typed or printed name of signee

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)