

Document Number Only

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C T CORPORATION SYSTEM

660 East Jefferson Street

Requestor's Name

Tallahassee, Florida 32301

Address

(850) 222-1092

City

State

Zip

Phone

800002972258--6

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****285.00 ****285.00

CORPORATION(S) NAME

MD Network LLC

59 AUG 27 PM 4:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Profit

NonProfit

Limited Liability Company

Foreign

Amendment

Dissolution/Withdrawal

Annual Report

Fict. Filing

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Mark

Other

Change of P.A.

UCC-1

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Limited Partnership

Reinstatement

Limited Liability Partnership

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RECEIVED

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Thanks, Melanie ☺

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Document Examiner
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Verifier
Acknowledgment
W.P. Verifier

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MD NETWORK LLC

ARTICLE II - Address:

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

2401 PGA Boulevard, Suite 136, Palm Beach Gardens, FL 33410

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

MD Network LLC, a Colorado limited liability company
3033 East First Avenue, Suite 400
Denver, CO 80206

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ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: upon unanimous written consent of the Members, by the sale of New Company Membership Interests for such consideration as the Members, by their unanimous written consent or vote shall determine

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Upon unanimous written consent of all remaining Members

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of MD Network LLC

certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 100.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0- ;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ -0- ;

MD NETWORK LLC, a Colorado limited liability company, sole member

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Stephen L. Axelrod, Member of MD Network LLC, a Colorado limited liability company

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

MD NETWORK LLC

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

Jill Howes

NAME


2401 PGA Blvd., Suite 136

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

Palm Beach Gardens, FL 33410

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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