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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies
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A. LUNT
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TALLAHASSEE. FLORISTA

FILED

COVER LETTER

Registration Section

TO:

SUBJECT: MDV	V COMMUNICA	TIONS			
		ed Liability Compa	ny		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	, .		
Please return all corres	pondence concerning this mat	ter to the following:	:		
<u>Michael</u>	Worley				
-		Name of Person		mont The co	- 21
MDWC	ommunications				2011 FEB 18
IVIDAA	Ommunications	Firm/Company		<u> </u>	
				A.S.	8
5071 S.	W. 117th Way			(L) (D)	7
		Address		Co	
Cooper C	City, FL 33330				7 : 3 ₄
<u> </u>		y/State and Zip Code		****	
worley.mi	chael@gmail.com				
	E-mail address: (to be used	for future annual repo	rt notification)		
For further information	concerning this matter, please	e call:			
Michael Worle	у	at (954	6614924		
Name	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount:				
]\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing 1		ıs &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Olivision of Chifton Bo 2661 Exe	of Corporations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TICL	ÆΙ	- Na	me:

The name of the Limited Liability Company is:

MDW Communications 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:	Mailing Address:	
5071 S.W. 117th Way	5071 S.W. 117th Way	
Cooper City, FL 33330	Cooper City, FL 33330	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Michael Worley	n Registered Agent. You must designate an indi	's Signature: vidual orașiother AHARA
Name		E E
5071 S.W. 1		95 . C
Florida str	reet address (P.O. Box NOT acceptable)	34 34
Cooper City	FL 33330	
	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 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:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member	2011 AL			
MGRM	5071 S.W. 117th Way Cooper City, FL 333330	1		
	—————————————————————————————————————			
 				
(Use attachment if necessary)				
(If an effective date is listed, the date must to or 90 days after the date of filing.) REQUIRED SIGNATURE:	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior there or an authorized representative of a member.			
	608.408(3), Florida Statutes, the execution of this document der 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.)

Michael Worley

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)