

CORPORATE
ACCESS,
INC.

1020000001993

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

1/25/02



CERTIFIED COPY

CUS

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FILING

LLC

MDB.Com Naples LLC

1.) (CORPORATE NAME & DOCUMENT #)

2.) (CORPORATE NAME & DOCUMENT #)

3.) (CORPORATE NAME & DOCUMENT #)

4.) (CORPORATE NAME & DOCUMENT #)

5.) (CORPORATE NAME & DOCUMENT #)

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****125.00 ****125.00

ND2-2156

02 JAN 28 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED AND FILED

SPECIAL INSTRUCTIONS

RECEIVED
02 JAN 25 AM 10:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

20827



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 25, 2002

CORPORATE ACCESS, INC.

SUBJECT: MDBANKING.COM NAPLES L.L.C.
Ref. Number: W02000002156

We have received your document for MDBANKING.COM NAPLES L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

Written approval and clearance of the terms BANK, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Division of Banking, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Division of Banking, resubmit the document and approval letter to the Division of Corporations for filing.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 002A00004427

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JAN 28 PM 12:15

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MD8.COM Naples L.L.C

ARTICLE II - Address:

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

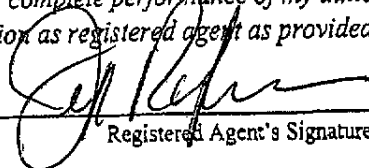
1100 5TH AVE SOUTH, SUITE 201
NAPLES, FLA 34102

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

J.L. ROZAVIN
Name
1100 5TH AVE SOUTH
Florida street address (P.O. Box **NOT** acceptable)
NAPLES FL
City, State, and Zip 34102

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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Jeff Rozavin
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 28 PM 12:15
FILED

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)