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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

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(Business Entity Name)

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**Christine Menedis**  
**3773 Matheson Avenue, Coconut Grove, FL 33133**  
**tel – 305-775-9103**

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 26, 2003

Dear Sirs:

I am writing to register my company, mghMeddesign, LC, with the State of Florida and am requesting a certified copy as well as a certificate of status. Enclosed, please find all necessary documents as well as a check for the required amount.

Thank you for your attention to this matter,



Christine Menedis

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

mgh Meddesign, LC

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**ARTICLE II - Address:**

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

3773 MATHESON AVENUE COCONUT GROVE, FL 33133

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

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

CHRISTINE MENEDIS

Name

3773 MATHESON AVENUE

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

COCONUT GROVE FL 33133

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.*

[Signature]

Registered Agent's Signature

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

[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.)

CHRISTINE MENEDIS

Typed or printed name of signee

**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)