

**L03000003385**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

mds enterprises, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

09/08/03

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ARTICLES OF ORGANIZATION  
OF  
MDS ENTERPRISES, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I  
NAME

The name of this limited liability company is:

MDS ENTERPRISES, LLC

ARTICLE II  
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

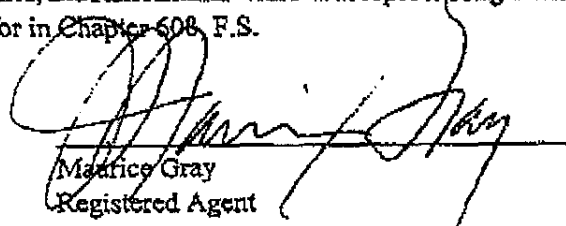
1780 NW 82<sup>nd</sup> Terrace  
Pembroke Pines, Florida 33024

ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED  
AGENT'S SIGNATURE

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

Maurice Gray  
1780 NW 82<sup>nd</sup> Terrace  
Pembroke Pines, Florida 33024

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.

  
Maurice Gray  
Registered Agent

Prepared By: Ingrid M. Bachelor CPA  
License No. AC-0032360  
10235 West Sample Road  
Suite 205  
Coral Springs, FL 33065  
954-752-2758

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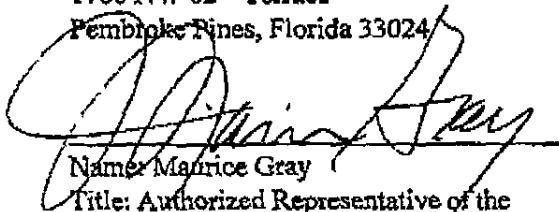
ARTICLE IV  
MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company.

Title  
Manager

Name and Address

Maurice Gray  
1780 NW 82<sup>nd</sup> Terrace  
Pembroke Pines, Florida 33024



Name: Maurice Gray  
Title: Authorized Representative of the  
Members.

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

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