

SEP-10-03 WED 11:44 AM

P. 1

Division of Corporations

Page 1 of 2

L03000003425B

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000273393 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FILINGS, INC.
Account Number : 072720000301
Phone : (850)385-6735
Fax Number : (954)641-4192

RECEIVED
03 SEP 10 PM 1:48
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MD CONSULTING GROUP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

03 SEP 10 PM 2:42
FILED
9-10-10
9/10/03

H0300273393

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MD CONSULTING GROUP, LLC

ARTICLE II - Address:

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

Principal Office Address:

19380 Collins Avenue, Unit 908B

Sunny Isles, FL 33160

Mailing Address:

19380 Collins Avenue, Unit 908B

Sunny Isles, FL 33160

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

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

Michael Dargan

Name

19380 Collins Avenue, Unit 908B

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

Sunny Isles, FL 33160

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 603, F.S.

Michael Dargan / Signed by CHARLES L. NATHAN
 Registered Agent's Signature AS ATTORNEY IN FACT.

(CONTINUED)

Page 1 of 2

H0300273323

03 SEP 10 PM 2:42
 RECEIVED
 FLORIDA SECRETARY OF STATE

40300273393

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MICHAEL DARGAN

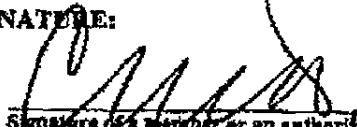
18380 Collins Avenue, Unit 908B

Sunny Isles, FL 33160

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

 CHARLES L. NEUSTEIN, ESQ.
 Signature of a member or an authorized representative of a member. **AS AUTHORIZED REPRESENTATIVE OF A MEMBER**
 (In accordance with section 602.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
CHARLES L. NEUSTEIN, ESQ.
 Typed or printed name of signer

Filing Fees:
 \$100.00 Filing Fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 4.00 Certificate of Status (Optional)

03 SEP 10 PM 2:42
 SECURED BY [illegible]
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
 DATE 03-10-2010 BY [illegible]

40300273393