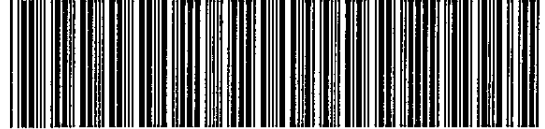


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STATE  
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

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**SUBJECT:** MDR PROPERTIES, LLC  
(Name of Limited Liability Company)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN WINNER

(Name of Person)

(Firm/Company)

2245 HAMPSHIRE CT

(Address)

VENICE ACRES FL 33971

(City/State and Zip Code)

For further information concerning this matter, please call:

SEAN WINNER

(Name of Person)

at ( 239 ) 464-7000

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MDR PROPERTIES, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

2245 HAMPSHIRE CT  
LEHIGH ACRES FL 33971

**Mailing Address:**

2245 HAMPSHIRE CT  
LEHIGH ACRES FL 33971

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

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

SEAN WINNER  
Name  
2245 HAMPSHIRE CT  
Florida street address (P.O. Box NOT acceptable)  
LEHIGH ACRES FL 33971  
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.*

SW  
Registered Agent's Signature

(CONTINUED)

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:

MGRM

SEAN WINNER

2245 Hampstead Ct  
Lehigh Acres FL 33971

GAYLE WINNER

2245 Hampstead Ct  
Lehigh Acres FL 33971

RICHARD MORE

911 N. PARSONS AVE  
SEFFNER FL 33584

CHERYL MORE

911 N. PARSONS AVE  
SEFFNER FL 33584

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Sean Winner

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.)

SEAN WINNER

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA