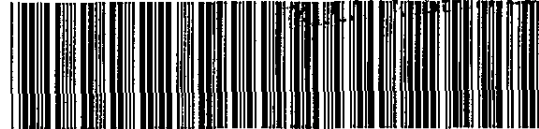


L040000024306

2004 MAR 22 P 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



600030558316

(Requestor's Name)

Moises Toledo - Mdot, LLC
9378 Arlington Expy #179
Jax FL 32225

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

03/23/04--01006--009 **125.00

AL

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

ARTICLE I - Name:

The name of the Limited Liability Company is:
MDOT, LLC

2004 MAR 22 P 12: 26

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:

9378 Arlington Expwy. Suite 179
Jacksonville, FL 32225

Mailing Address:

9378 Arlington Expwy. Suite 179
Jacksonville, FL 32225

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

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

MOISES TOLEDO

Name

9378 ARLINGTON EXPWY. #179

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

JACKSONVILLE FL 32225

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..


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:

manager

Moises Toledo

9378 Arlington Expwy. #179

Jacksonville, FL 32225

FILED

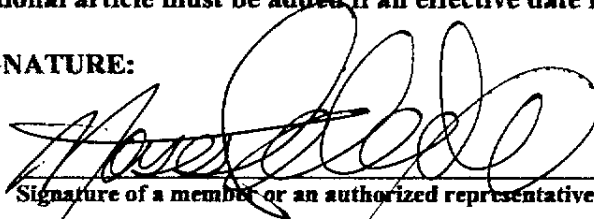
2004 MAR 22 P 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED 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.)

Moises Toledo

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)