

L-04000079101

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

md properties, llc

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

(2)

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ARTICLES OF ORGANIZATION
OF
MD PROPERTIES, LLC

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under Chapter 608 of the Florida Statutes, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is MD Properties, LLC

SECOND: The Limited Liability Company shall continue until the occurrence of an event set forth in the Operating Agreement which causes the termination of the Limited Liability Company.

THIRD: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with Chapter 608 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 901 Begonia Road, Celebration, Florida 34747, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is David Waronker.

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.


David Waronker

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STATE
FLORIDA

FIFTH: The mailing address and principal office of the Limited Liability Company is 901 Begonia Road Celebration, Florida 34747.

SIXTH: The Limited Liability Company will be operated by the Members, and no manager will be appointed. The names and addresses of the Members are: David Waronker, having an address at 901 Begonia Road, Celebration, Florida 34747

SEVENTH: The total amount of cash (and a description and agreed value of any property other than cash) contributed to the Limited Liability Company, as initial start up capital, by the Members is \$1,000.00. The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

NINTH: The membership interests of the Members are evidenced by Certificates of Membership.

TENTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

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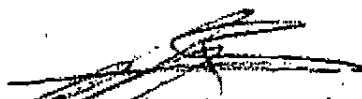
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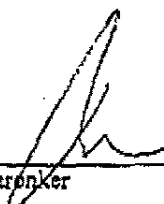
ELEVENTH: The remaining Members of the Limited Liability Company, by the unanimous vote or consent of the Members (other than the Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

TWELFTH: None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on October 28, 2004.


In the presence of:


David Waronker
 print:
David Waronker
 print:


 David Waronker

STATE OF FLORIDA, COUNTY OF OSCEOLA, ss.

The foregoing instrument was acknowledged before me on the 29th day of October, 2004, by David Waronker.


David Waronker
 print:
 Notary Public
 My commission expires:



Season Rutledge
 My Commission DD181028
 Expires November 24, 2006

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Personally Known ☒ OR Produced Identification _____
 Type of Identification Produced:

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