

LOS 0000006174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

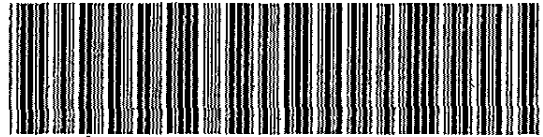
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LOS-6174
JR

MDM Investments, LLC

1827 Michigan Avenue NE
St. Petersburg, FL 33703

January 4, 2005

Florida Department of State

Dear Sir or Madam:

Here is the information in the cover letter you requested:

Douglas K. Olsen

1827 Michigan Avenue NE

St. Petersburg, FL 33703

Home-727-520-0827

Daytime-727-430-3774

Sincerely,

A handwritten signature in dark ink, appearing to read 'DK Olsen', followed by a long horizontal line extending to the right.

Douglas K. Olsen

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MDM INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

1827 MICHIGAN AVE. NE
ST. PETERSBURG, FL 33703

Mailing Address:

1827 MICHIGAN AVE. NE
ST. PETERSBURG, FL 33703

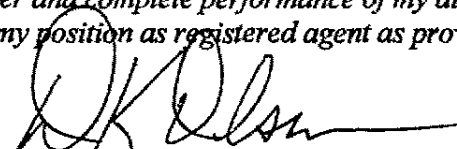
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DOUGLAS K. OLSEN
Name

1827 MICHIGAN AVE. NE
Florida street address (P.O. Box **NOT** acceptable)
ST. PETERSBURG, FL 33703
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)

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TALLAHASSEE, FLORIDA

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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:

MGR

DOUGLAS K. OLSEN
1827 MICHIGAN AVE. NE
ST. PETERSBURG, FL 33703

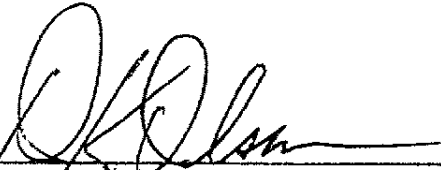
MGRM

MICHELLE L. OLSEN
1827 MICHIGAN AVE. NE
ST. PETERSBURG, FL 33703

(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.)

DOUGLAS K. OLSEN

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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