

L05000010957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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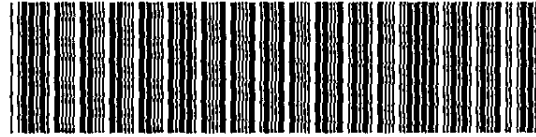
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 180811 107982A

AUTHORIZATION :

COST LIMIT : \$ *Patricia Pizoto*

ORDER DATE : February 2, 2005

ORDER TIME : 2:19 PM

ORDER NO. : 180811-005

CUSTOMER NO: 107982A

CUSTOMER: Ms. Gilda Oldham  
Elk Bankier Christu & Bakst  
Llp  
Suite 200e, 4800 N Federal Hwy  
Sanctuary Centre  
Boca Raton, FL 33431

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NAME: MDCT SALES, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION**

of

**MDCT SALES, LLC**

**ARTICLE I  
NAME**

The name of the limited liability company shall be MDCT Sales, LLC.

**ARTICLE II  
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company shall be 449 Clearwater Drive, Ponte Vedra Beach, FL 32082.

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

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

**CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, Florida 32301**

*Having been named as registered agent to accept service of process for the above stated limited partnership 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.*

Corporation Service Company

By: Cynthia L. Harris  
Registered Agent's Signature  
Print Name and Title: **Cynthia L. Harris**  
**as its agent**

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**ARTICLE IV  
DURATION**

The period of duration for the Limited Liability Company shall be perpetual

**ARTICLE V  
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is therefore, a *Manager-managed company*. The name and address of each Manager is as follows:

William W. Sharrett, Jr.  
449 Clearwater Drive  
Ponte Vedra Beach, FL 32082

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.

  
WILLIAM W. SHARRETT, JR.  
Managing Member