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To: Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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## LIMITED LIABILITY COMPANY

## MDC, LLC

Certificate of Status	0
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Page Count	02
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J. BRYAN MAR 28 2005

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **MDC, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **6900 Biscayne Blvd., Suite 2, Miami, Florida, 33138**

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

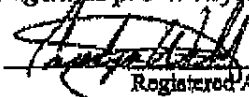
The name and the Florida street address of the registered agent are:

**Carolyn Webb**  
Name

**6900 Biscayne Blvd., Suite #2**  
Florida Street address (P.O. Box **NOT** acceptable)

**Miami, Florida, 33138**  
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

**ARTICLE IV – Management (Check box if applicable)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager – managed company.

(An additional Article must be added if an effective date is requested)



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.)

FILED  
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