LOSOFIEDO 540/3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	1MFT WILLIAM
(Requesto	r's Name)
(Address)	
(Address)	
(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing O	of Masi

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05/06/05--01105--025 **190.00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 12, 2005

MARK TARASIAK 610 WEST BAY DRIVE APT. 18 LARGO, FL 33770

SUBJECT: MDM SERVICES LLC Ref. Number: W05000024231

We have received your document for MDM SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 905A00034362

TRANSMITTAL LETTER

FILED

· TO: Registration Section Division of Corporations

2005 HAY 31 P 12: 25

MDM

SECRETARY OF STATE TALLAHASSEE. FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

For further information concerning this matter, please call:

OR Melissa

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee **\$130.00** Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LI

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MDM Services LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
GIO WBay DR APT 18 Largo, FL 33770	610 W. Bay DR Apt 18 Largo, FL 33770

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

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

MARKC. TARASIAK

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

Largo, FL 2 FL 33770

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager		ows: Ell En
<u>Title:</u>	Name and Address:	FILED
"MGR" = Manager "MGRM" = Managing Member		2005 HAY 31 P 12: 25
MGR	Mork Tarasiak, GIO West Boy D Largo, PL 3	SECRETARY OF STATE ALLAMASSEE, FLORIDA 3 770
		
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is re	equested.
REQUIRED SIGNATURE:		
Mule	3	
Signature of a member	or an authorized representative of a r	member.
(In accordance with secti of this document constitu that the facts stated her	ion 608.408(3), Florida Statutes, the exe ttes an affirmation under the penalties o rein are true.)	cution f perjury
Mark Ta	irosiak	
Туре	ed 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)