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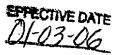
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DIVISION OF CORPORATION





## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: M	D REAL VEN	TUNES LLC d Liability Company)			
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
	MichAEL A	DEMAIO Name of Person)			
	(	Name of Person)			
	MO REAL	UENTURES Firm/Company)	LLC	<u> </u>	
		- •			
	54 ST. Pa	(Address)			
	raug ten (City	Florida (State and Zip Code)		2005 JAJ	DIVISION
Michael	concerning this matter, please		9-5091	2005 JAN - 6 PM 5: 08	OF CORPORATION
(Name	of Person)	(Area Code & Daytime To	elephone Number)	<b>ಸ</b>	- <del>-</del>
Enclosed is a check fo	r the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing F Certificate of Status Certified Copy (additional copy is enclo	&	
	Mailing Address Registration Section	Street/Courier Addres Registration Section	<u>\$</u>		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
MD REAL VENTURES LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1654 St. Pauls Da 1654 ST. Pauls Daise Clerawater Fl Clerawater Fl 33764 33764
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Stefani DeMaio
Name 05 XS
1654 St. Pauls Dr
Florida street address (P.O. Box NOT acceptable)
Cleanuater FL 33764 38
City, State, and Zip
Having been named as registered agent and to accept service of process for the above state 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
Stepen Dellaw
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

11-03-DG

## ARTICLE IV-Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Mike DEMAio 1654 ST. Pads Dr Clerewater Fi 73764
MGRM	STEFANI DEMAIG 1654 ST. Pads Drive Clian water FI 33764 AND OFF
	-6 PM 5: 6
**************************************	
(Use attachment if necessary)	1/2/2/
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing:
REQUIRED SIGNATURE:	E Alen.
Signature of a membe	er or an authorized representative of a member.
of this document const that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)  LALO  yped 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)