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SECRETARY OF STATE DIVISION OF CORPORATION:

NA

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	T: MIDWEST DEUELOPERS, LLC (Name of Limited Liability Company)	
The en	sed Articles of Organization and fee(s) are submitted for filing.	
Please	urn all correspondence concerning this matter to the following:	
	UITO PLANO (Name of Person)	
	(Name of Person)	
	20	110
	(Firm/Company)	SECRE!
	4101 NE 34TH AUE 34TH	FAR CC
	FORT LAUDER DALE FC 33308 = (City/State and Zip Code)	RPORA
	(City/State and Zip Code)	<u> </u>
For fu	er information concerning this matter, please call:	•
Vi	O PLANO at (773) 719-3402 (Name of Person) (Area Code & Daytime Telephone Number)	
	(Number of Colonia) (Proce Code & Daysinic Telephone (Number)	
Enclo	is a check for the following amount:	
\$ 12:	O Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building	

P.O. Box 6327 Tallahassee, FL 32314

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:

MIDWEST DEVELOPERS, LLC (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:
4/01 NE 34 TH AVE FORT LAUDER DALE FORT LAUDER DALE FC 33308 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: UITO PLANO Name 4101 NE 34 TH AUC Florida street address (P.O. Box NOT acceptable) Fort Launtrian Launtrian 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)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:
MGR		VITO PLANO 4/01 NE 34 MA AUE FORT LAUNGROACE FC 3
		
		PH 4: 2
(Use attachmen	at if necessary)	
LE V: Effective fective date is l	e date, if other than the isted, the date must b	e date of filing: (OPTION be specific and cannot be more than five business da
LE V: Effective fective date is l days after the	e date, if other than the isted, the date must b date of filing.)	e date of filing: (OPTION
LE V: Effective fective date is l days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE:	e date of filing: (OPTION be specific and cannot be more than five business date.
LE V: Effective fective date is l days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with se	e date of filing:
LE V: Effective	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with see of this document constitute the facts stated)	e date of filing:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)