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SECRETA EL TOMBO

COVER LETTER

TO: Registration Se Division of Cor		,		şē:
SUBJECT: MDX P	ROPERTY SOLU	JTIONS LLC	;	
SUBJECT:		ed Liability Compa		
The enclosed Articles of	Organization and fec(s) are	submitted for filing	,	
Please return all correspo	ndence concerning this mat	ter to the following:		
MARK SAN	Л			
		(Name of Person)		
MDX PRO	PERTY SOLUTION	ONS LLC		
-		(Firm/Company)		
612 TRAD	EWINDS DRIVE			
		(Address)		
DELTONA	, FL 32738			
	(Cit	ty/State and Zip Code))	
For further information co	oncerning this matter, please	e call:		
MARK SAM		at (386)	232-4949	
(Name o	of Person)		& Daytime Telepl	none Number)
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop (additional copy	by (senclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Registration Division of Clifton Bu 2661 Exec	ourier Address on Section of Corporations uilding cutive Center Cir ee, FL 32301	cle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	K	ī	Nam	۸.
AKI		. P.		72111	Ľ٠

The name of the Limited Liability Company is:

MDX PROPERTY SOLUTIONS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
612 TRADEWINDS DRIVE	612 TRADEWINDS DRIVE		
DELTONA, FL 32738	DELTONA, FL 32738		
	stered Office, & Registered Agent's Signal Registered Agent. You must designate an individual of the registered agent are:		SECRET
WANT SAW	Name	7	11 32 <u>11</u>
		PH	- ان - روي
612 TRADEWIN	IDS DRIVE	 N	
Florida st	reet address (P.O. Box NOT acceptable)	<u>က</u>	<u>.</u>
DELTONA, FL 3	32838 _{FL}	Ö	are 4 None 6
City	State, and Zin		**

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

IGRM	MARK SAM
•	612 TRADEWINDS DRIVE
	DELTONA, FL 32738
MGRM	DARLENE HAZELL-SAM
	612 TRADEWINDS DRIVE
	DELTONA, FL 32738
·	
Use attachment if necessary)	
F.V: Effective date, if other than	the date of filing: (OPT

REQUIRED SIGNATURE:

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.)

MARK SAM

Typed 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)