

LOT 000 126813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

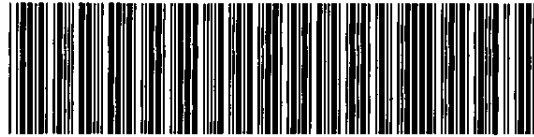
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

M. Thomas DEC 24 2007

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Medallion Orlando, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Adam Chilvers

(Name of Person)

320 North Magnolia Avenue, Suite A4

(Firm/Company)

Orlando, Florida 32801

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Chilvers

(Name of Person)

at (**407**) **733-9463**

(Area Code & Daytime Telephone Number)

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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)

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

known as

Medallion Orlando, L.L.C.

Article I

NAME: The name of the Limited Liability Company is:

Medallion Orlando, L.L.C.

Article II

PRINCIPAL OFFICE AND MAILING ADDRESS: The principal office and mailing address of this Limited Liability Company is:

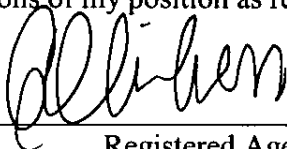
320 North Magnolia Avenue, Suite A4, Orlando, Florida 327801.

Article III

INITIAL REGISTERED AGENT AND REGISTERED OFFICE ADDRESS: The name and Florida street address of the initial registered agent is:

Adam Chilvers, 320 North Magnolia Avenue, Suite A4, Orlando, Florida 32801.

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, ES..



Registered Agent's Signature (REQUIRED)

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