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### Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JOSEPH M. BALOCCO, P.A.

Account Number : I20000000147 Phone : (954) 764-0005

Fax Number : (954)764-1478

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

MYMD13, LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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# ARTICLES OF ORGANIZATION OF MYMD13, LLC

#### ARTICLE I - NAME:

The name of the Limited Liability Company is: MYMD13, LLC

#### **ARTICLE II - ADDRESS:**

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

Mailing Address: P.O. Box 903, Pompano Beach, Florida 33061.

Street Address: 2303 W. McNab Road, Pompano Beach, Florida 33069

#### **ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE IV- MANAGEMENT:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

<u>Name</u>

Address

John Longo

P.O. Box 903

Pompano Beach, Florida 33061

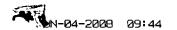
#### **ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be conditioned upon the unanimous consent of the members.

#### **ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be conditioned upon the unanimous consent of the remaining members.

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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 2<sup>nd</sup> day of June, 2008.

Signature of a rember or an authorized

representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are

John Longo Typed or printed name of signee

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORID STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: MYMD13,LLC

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

John Longo 2303 W. Mcnab Road Pompano Beach, Florida 33069

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.

Signature - Registered Agent

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