

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 SECRETARY OF STATE SECRETARY OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

mdw south, llc

Certificate of Status		0
Certified Copy	:	1
Page Count		03
Estimated Charge		\$155.00

J. BRYAN

OCT **-7** 2008

EXAMINE

Electronic Filing Menu

Corporate Filing Menu

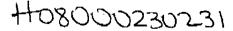
Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
MDW South, LLC.	
(Must end with the words "Li	mited 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:
62 Minorca Avenue	362 Мілогоя Avenue
Coral Gables FL 33134	Corai Gabies FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limbility 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:

Peter J. Yanowitch, Esq.

2903 Salzedo Street, 2nd Floor

Florida street address (P.O. Box NOT acceptable)

Coral Gables FL 33134

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..

Registered Agent's Signature (REQUIRED)

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

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

MGR	Mr. Jeff Walner	
	382 Minorca Avanue	
	Coral Gables FL 33134	
MGR	Mr. Watter Defortuna	<u> </u>
	2666 Brickell Avenue	00 4
	Miami/FL 33130	08 OCT
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to or 90 days after the date of filing.)

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.)

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)

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