

L090000001736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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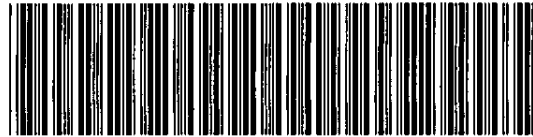
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
09 JAN -7 PM 3:37  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE  
CORPORATIONS

FILED  
09 JAN -7 PM 4:15  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE  
CORPORATIONS

B. KOHR

JAN - 7 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 01/07/09

REF. #: 0164.97933

CORP. NAME: MPOOL1, LLC

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TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 528844 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of this limited liability company is **MPool1, LLC** (the "Company").

**ARTICLE II - Address**

The address of the Company is 9350 Conroy Windermere Road, Windermere, Florida 34786.

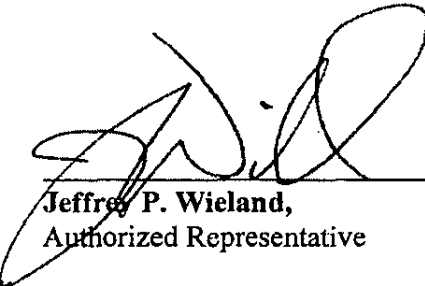
**ARTICLE III - Existence and Duration**

The Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual unless sooner dissolve by law.

**ARTICLE IV - Registered Agent**

The initial registered office of this Company shall be located at 515 East Park Avenue, Tallahassee, Florida 32301, and the initial registered agent of this Company at that address shall be **CORPDIRECT AGENTS, INC.** The Company may change its registered agent or the location of its registered office, or both, from time to time without amendment of these articles of organization.

January 7, 2009.

  
\_\_\_\_\_  
Jeffrey P. Wieland,  
Authorized Representative

(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.)

## REGISTERED AGENT ACCEPTANCE

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, Florida Statutes.

**CORPDIRECT AGENTS, INC.,**  
**Registered Agent**

By: Patricia Tadlock Asst. Sec.  
Name: Patricia Tadlock  
Title: Assistant Secretary

January 7<sup>th</sup>, 2009.