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S. HAWKES

JAN 2 0 2009

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	ECT: MDR Associa	tes, LLC			
		(Name of Limited I	iability Compa	any)	
The e	nclosed Articles of Organization	on and fee(s) are sub	nitted for filing	g,	
Please	return all correspondence cor	ncerning this matter t	o the following	g:	
	Michael D. Rozos				
		(Na	ne of Person)		
	MDR Associates,	LLC			
		(Fir	m/Company)		
	1279 Welcome Di	rive			
	-		(Address)		
	Vero Beach, FL 3	2966			
		(City/Sta	ate and Zip Code	:)	
For fu	rther information concerning t	his matter, please cal	1:		
Micl	nael D. Rozos	at	, 772	617-05	17
	(Name of Person)		(Area Cod	e & Daytime Te	lephone Number)
Enclo	sed is a check for the follow	ving amount:			
√ \$125		Filing Fee & ate of Status	\$155.00 Filin Certified Copy (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.O. Box	on Section of Corporations	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding ecutive Center ee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Names	
ARTICLE I - Name:	
The name of the Limited Liability Company	ris:
MDR Associates, LLC	
(Must end with the words "Limited I	.iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of th	e principal office of the Limited Liability Company.s:
Principal Office Address:	Mailing Address:
1279 Welcome Drive	1279 Welcome Drive
Vero Beach, FL 32966	Vero Beach, FL 32966
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of the server as the	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Michael D. Rozos	
N	ame
1279 Welcome D	rive
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)

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)

Vero Beach FL 32966_{FL} City, State, and Zip

(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:

MGR	Michael D. Rozos
	1279 Welcome Drive
	Vero Beach, FL 32966
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if nec	essary)
LE V: Effective date	other than the date of filing: 2/1/09. (OPTIONAL e date must be specific and cannot be more than five business days
Se vi Bricelive date,	e date must be specific and cannot be more than five business days

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.)

Michael D. Rozos

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)