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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAY 19 2010
EXAMINER

10 MAY 19 PM 3:51
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CORPORATIONS

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 05/19/10

REF. #: 000399.125252

CORP. NAME: M.D. TRAVEL PLANS, LLC

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- | | | |
|--|---|---|
| <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# 534999 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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| <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
OF
M.D. TRAVEL PLANS, LLC,
a Florida limited liability company**

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**ARTICLE I
NAME**

The business and affairs of the Limited Liability Company shall be conducted under the name of:

M.D. TRAVEL PLANS, LLC

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS**

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

3830 Bee Ridge Road, Suite #201
Sarasota, FL 34233

**ARTICLE III
INITIAL REGISTERED AGENT/OFFICE**

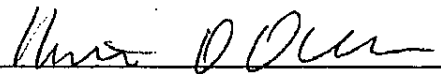
The registered office of the Limited Liability Company and its initial registered agent shall be:

Kenneth D. Doerr 22 S. Links Ave., Suite 300
Sarasota, FL 34233

**ARTICLE IV
MANAGEMENT AND POWERS**

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 19th day of May, 2010.


Kenneth D. Doerr, Authorized Agent

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida 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:

M.D. TRAVEL PLANS, LLC

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

Kenneth D. Doerr
22 S. Links Ave., Suite 300
Sarasota, FL 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 5-19-10



Kenneth D. Doerr, Registered Agent