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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. M&D GROUP, C.A. LLC

Certificate of Status 0

Certified Copy 1

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Estimated Charge \$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Mailing Address:

Mailing Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business endity with an active Florida registration.)

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

| Dorg Mail Source | Mail Source | Mailing Address | Mail

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 (REOUIRED)

(CONTINUED)
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<u>Title:</u> "MGR" = Manager "MGRM" = Managir	ng Member	Name and Address:	, .	
MGRM		DORA MARQUE 1331 BRICKELL B MIAMI FL 331=	ONIT	1
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	, the date must	he date of filing: (O be specific and cannot be more than five bus	PTTIONAL) iness days prior ALLAH	
<u>required</u> sign	ATURE:	trong a Co	ARY OF	1
· Sig	mature of a meti	iber or an anthorized representative of a member.	SIAI 8: 0	
(In of	accordance with this document con that the facts state	section 608,408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)	Dri •	•
_	DORA	MARQUEZ		
-		Typed or printed name of signee		
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)