

L10000092791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

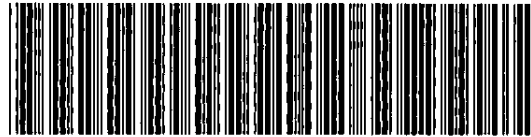
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP - 2 PM 4:45

B. KOHR

SEP - 7 2010

EXAMINER

# Advanced Incorporating Service, Inc.

17 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorporating.com](mailto:orders@advancedincorporating.com)  
Website: [www.advancedincorporating.com](http://www.advancedincorporating.com)

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## PICK ONE:

\_\_\_\_ CERTIFIED COPY \_\_\_\_ PHOTOCOPY

## FILING:

\_\_\_\_ CORPORATION \_\_\_\_ LLC \_\_\_\_ LIMITED PARTNERSHIP \_\_\_\_ GENERAL PARTNERSHIP  
\_\_\_\_ FICTITIOUS NAME \_\_\_\_ SERVICE MARK/TRADEMARK \_\_\_\_ AMENDMENT  
\_\_\_\_ FOREIGN QUALIFICATION \_\_\_\_ JUDGMENT LIEN  
\_\_\_\_ OTHER

## RETRIEVAL:

\_\_\_\_ GOOD STANDING CERT/C.U.S. \_\_\_\_ CERTIFIED COPY \_\_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MDMG, LLC

(Must end with the words "Limited 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:**

10953 Luna Point Road

Tallahassee, FL

**Mailing Address:**

10953 Luna Point Road

Tallahassee, FL

**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 entity with an active Florida registration.)

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

Gary Andraza

Name

10953 Luna Point Road

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

Tallahassee, FL 32312

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)

Page 1 of 2

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Gary Andraza

10953 Luna Point Road

Tallahassee, FL 32312

MGRM

Margaret Andraza

10953 Luna Point Road

Tallahassee, FL 32312

MGRM

Douglas R Catenaci

13702 Leal Drive

Houston, TX 77069

MGRM

Mishelle Catenaci

13702 Leal Drive

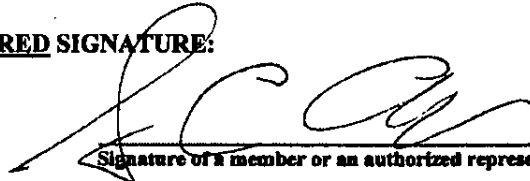
Houston, TX 77069

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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.)

GARY ANDRAZA

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)