

L11000112688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Effective Date

10/1/11

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2011 SEP 30 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT - 8 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MD-Quik
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARL ARFA

Name of Person

ARFA CONSULTANTS, Inc.

Firm/Company

10280 SPYGLASS Way

Address

BOCA RATON, FL. 33498

City/State and Zip Code

ca1924@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL ARFA

Name of Person

at (561) 301-7273

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Effective Date 10/1/11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MD-Quik "L.L.C."
(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:

10280 SPYGLASS WAY
Boca Raton FL
33498

Mailing Address:

Same

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:

CARL AREA
Name

10280 SPYGLASS Way
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton FL 33498
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..

Carl Area

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR

CARL ARFA

10280 SPYGLASS WAY
BOCA RATON, FL. 33498

MGRM

DR. BRUCE L. BOROS
1709 ATLANTIC AVE
KEY WEST FL. 33040

MGRM

DR. RICHARD BERGER
5225 FISHER ISLAND DRIVE
MIAMI BEACH FL. 33109

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/1/2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CARL ARFA

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)

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