

L120000016825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

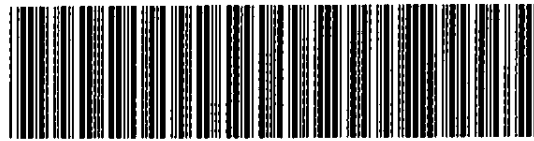
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FEB - 6 2012

EXAMINER



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12 FEB - 3 AM 8:37

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 FEB - 3 AM 8:54



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 079927 7869271

AUTHORIZATION :

COST LIMIT : \$125.00

12 FEB -3 AM 8:54  
SECRETARY OF STATE  
CORPORATION DIVISION

ORDER DATE : February 1, 2012

ORDER TIME : 2:49 PM

ORDER NO. : 079927-001

CUSTOMER NO: 7869271

DOMESTIC FILING

NAME: DAVID O. MIDKIFF, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DAVID O. MIDKIFF, 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:**

2007 NE 18th Street  
Fort Lauderdale, FL 33305

**Mailing Address:**

2007 NE 18th Street  
Fort Lauderdale, FL 33305

**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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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.*

Corporation Service Company

By: 

Registered Agent's Signature (REQUIRED)

Ann R. Shilling, Assistant V

(CONTINUED)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB -3 AM 8:54

**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

David O. Midkiff  
2007 NE 18th Street  
Fort Lauderdale, FL 33305

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

/s/David O. Midkiff

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.)

David O. Midkiff

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)**

David O. Midkiff, PA  
2007 NE 18 Street  
Fort Lauderdale, Fl. 33305  
[dcolegrove@gmail.com](mailto:dcolegrove@gmail.com)

January 31, 2012

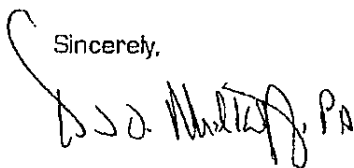
To Whom it may concern,

I David O. Midkiff, President of David O. Midkiff, PA, do authorize and consent to the formation of David O. Midkiff, LLC.

Should there be any questions regarding the intent of this letter, please feel free to contact me at your earliest convenience.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "David O. Midkiff, PA". The signature is stylized with a large, sweeping initial "D".

David O. Midkiff, PA  
954-270-4134 (cell)  
888-322-0010 (fax)