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DIVISION OF CORPORATIONS
12 MAR -2 PM 12:04

MAR -15 2012

T. HAMPTON

John B. Crowther

ATTORNEY AT LAW
279 EAST GRAVES AVENUE
ORANGE CITY, FLORIDA 32763
TEL. (386) 775-6179
FAX (386) 775-7908

February 28, 2012

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization (FMDMKP, LLC).

Ladies/Gentlemen:

Enclosed please find the original and ONE (1) copy of the Articles of Organization for the above-referenced corporation.

It would be most appreciated if you would file said articles and return the photocopy (not certified copy) thereof to this office with the date of filing stamped thereon.

Also enclosed please find my office check in the amount of \$125.00 broken down as follows: Filing fee (\$100.00) and registered agent fee (\$25.00).

Thanking you, and should you have any questions please do not hesitate to contact me.

Very truly yours,


John E. Crowther

JEC:
Encl:as

ARTICLES OF ORGANIZATION

FOR

FMDMKP LLC.

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DIVISION OF CORPORATIONS

12 MAR -2 PM 12:05

THE UNDERSIGNED, for the purpose of forming a Limited Liability Company under the provisions of Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I

Name

The name of the Limited Liability Company is FMDMKP, LLC.

ARTICLE II

Address

The address of the principal office of the Limited Liability Company is 5793 State Road 11, DeLeon Springs, Florida 32130.

ARTICLE III

Purpose

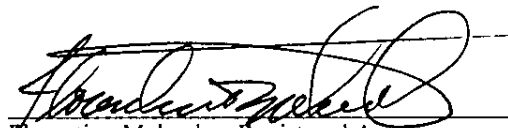
The Limited Liability Company may transact any and all business for which Limited Liability Companies may be lawfully organized under the Laws of the State of Florida.

ARTICLE IV

Registered Agent

The name and Florida street address of the registered agent is Florentino Melendez 5793 State Road 11, DeLeon Springs, Florida 32130.

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 that 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, Florida Statutes.


Florentino Melendez, Registered Agent

ARTICLE V

Managing Member

The name and address of the Managing Member is as follows:

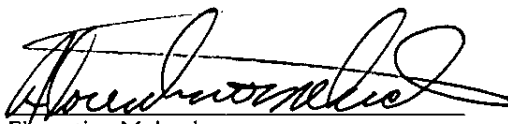
Title

MGRM

Name and Address

FLORENTINO MELENDEZ
P.O. Box 121
Barberville, Florida 32105

DATED: 02-24, 2012.

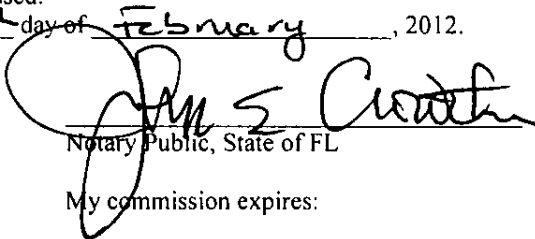


Florentina Melendez
Managing Member

STATE OF FLORIDA
COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared FLORENTINO MELENDEZ, who is personally known to me or who produced Personally Known as identification, and he acknowledged that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this 24th day of February, 2012.



Notary Public, State of FL

My commission expires:



JOHN E. CROWTHER
MY COMMISSION # DD 990144
EXPIRES: September 10, 2014
Bonded Thru Budget Notary Services

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