

L12000059124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

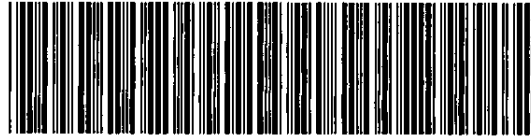
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12 APR 30 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY -2 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

CONTACT: Kim Weidenbach

4/30/12

DATE: 05/01/12

REF. #: 000177.165751

Need ASAP

CORP. NAME: MCCI/ANTIPORDA, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# _____ **FOR \$ 125.00**

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2012

CORPDIRECT AGENTS, INC.
ATTN: KIM WEIDENBACH

SUBJECT: MCCI/ANTIPORDA, LLC
Ref. Number: W12000023812

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE
4/30/12

We have received your document for MCCI/ANTIPORDA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

This paperwork was attached to my filing request.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 712A00013062

PLEASE GIVE ORIGINAL SUBM
DATE AS FILE DATE

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

**ARTICLES OF ORGANIZATION
OF
MCCI/ANTIPORDA, LLC**

FILED
12 APR 30 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization of MCCI/ANTIPORDA, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

MCCI/ANTIPORDA, LLC

ARTICLE II — Address:

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

4960 S. W. 72nd Avenue
Miami, Florida 33155

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

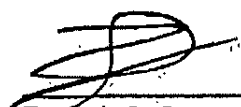
NRAI Services, Inc.
515 Park Avenue
Tallahassee, Florida 32301

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VI — Indemnification

The Limited Liability Company shall indemnify and hold harmless its members and managers against any and all claims and demands whatsoever.



Frederic L. Levenson
Authorized Signatory

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

MCCI/ANTIPORDA, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

NRAI Services, Inc.

By: Katie Wonsch

Print Name: Katie Wonsch

Print Title: Assistant Secretary

Dated: April 30, 2012