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FLORIDA LIMITED LIABILITY CO.

M&D Professional Management and Information Services

Certificate of Status	1
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Estimated Charge	\$130.00

J. SAULSBERRY **EXAMINER**

AUG 30 2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Con	mpany is: M&D Professional Management and Information Services L	LC
ARTICLE II - Address		
The mailing address and street addres	s of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6760 NW 44th Terrace, Lot T1	6760 NW 44th Terrace, Lot T1	_
Coconut Creek, FL 33073	Coconut Creek, FL 33073	-
The name and Florida street address of	Name Name 6760 NW 44th Terrace (P.O. Box or Mail Drop Box NOT Acceptable) Coconut Creek, FL 33073 (City / State / Zip)	And the second s
at the place designated in this certicapacity. I further agree to comply	igent and to accept service of process for the above stated limited liability compo- ficate, I hereby accept the appointment as registered agent and agree to act in the with the provisions of all statutes relating to the proper and complete performant h and accept the obligations of my position as registered agent as provided for in	is ice

Registered Agent's Signature - Linda Shapherd

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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: Name and Address: "MGR" - Manager "MGRM" - Managing Member _MGR__ Linda Shepherd - 6760 NW 44th Terrace, Coconut Creek, FL 33073 MGR Sarah Meltzer - 123-33 83rd Avenue #404, Kew Gardens, NY 11415 (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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 factor stated herein are true.)

Linda Shepherd

Typed or printed name of signee

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