

L 12000138293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

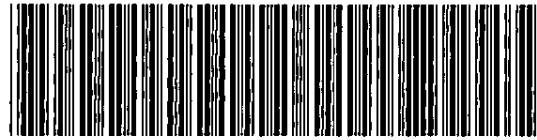
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 30 AM 8:00

FILED

RECEIVED
DEPARTMENT OF STATE
12 OCT 30 PM 4:37

J. SAULSBERRY
EXAMINER
OCT 31 2012

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 10/30/12

REF. #: 000153.175098

CORP. NAME: MD AID, LLC

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

STATE FEES PREPAID WITH CHECK# _____ FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT 30 AM 9:00

FILED

ARTICLES OF ORGANIZATION

OF

MD AID, LLC

I, **G. DENIS THAXTON** hereby file these Articles of Organization as an authorized representative of **MD AID, LLC**, a Florida limited liability company to be formed pursuant to these Articles of Organization and the laws of the State of Florida.

ARTICLE I

The name of the limited liability company to be formed hereunder is **MD AID, LLC**.

ARTICLE II

DATE OF EXISTENCE AND PERIOD OF DURATION

This limited liability company shall begin existence effective upon the filing of these Articles of Organization, and shall continue perpetually, unless so terminated in accordance with the Operating Agreement and any Regulations adopted by the Members (collectively the "Operating Agreement").

ARTICLE III

PURPOSES

The purpose of the limited liability company is to engage in the provision of and purchase and sale of insurance or insurance related services, either on its own or in conjunction with others, as well as to conduct any other lawful activities mutually agreeable to the Members.

ARTICLE IV

POWERS

The limited liability company shall have the power to take any and all lawful actions necessary, appropriate, proper, advisable, incidental or convenient to or for the furtherance of its purposes.

SECRETARY OF STATE
TALLAHASSEE FLORIDA
OCT 30 AM 8:00
FILED

FILED
OCT 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

MAILING ADDRESS AND PLACE OF BUSINESS

The address in Florida for the limited liability company is: 2910 W. Bay to Bay Blvd., Tampa, Florida 33629.

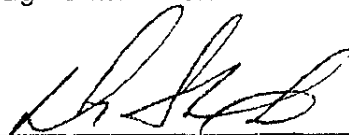
ARTICLE VI
MANAGEMENT

The limited liability company shall be managed by its Manager.

ARTICLE VII
REGISTERED OFFICE AND REGISTERED AGENT

The street address of the limited liability company's initial registered office in Florida is 401 E. Jackson Street, Suite 2700, Tampa, FL 33602 and the name of its initial registered agent is ANDREW J. MAYTS, JR., ESQUIRE.

IN WITNESS THEREOF, the undersigned has executed these Articles of Organization this 29th day of October, 2012.

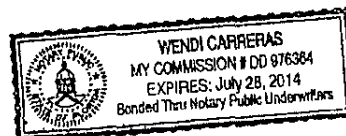


G. DENIS THAXTON

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 29 day of October, 2012, by **G. DENIS THAXTON**, who is personally known to me or produced _____ as identification, as an authorized representative of the Members of **MD AID, LLC**, as her free act and deed for the uses and purposes therein stated.

Wendi Carreras
NOTARY PUBLIC
Commission Number: DD 976364
My Commission Expires: 7-28-2014



ARTICLES OF ORGANIZATION

OF

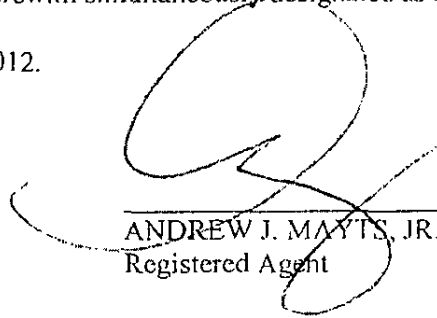
MD AID, LLC

ACCEPTANCE BY REGISTERED AGENT

FILED
2012 OCT 30 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been appointed the registered agent of MD AID, LLC, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designated as registered agent.

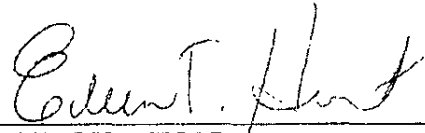
Signed this 30 day of October, 2012.



ANDREW J. MAYTS, JR.
Registered Agent

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 30 day of October, 2012, by ANDREW J. MAYTS, JR., who is personally known to me, as Registered Agent for MD AID, LLC.



NOTARY PUBLIC
Commission Number: _____
My Commission Expires: _____

