## L12000 154459

(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	(During and Early Marray)
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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	Special Instructions to Filing Officer.





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SEGRETARY OF STAIL

DEC 1 1 2012

T. HAMPTON

## **COVER LETTER**

	Registration S Division of Co			
SUBJEC	т:	MJD, LIA	<b>3.</b>	
		Name of Limit	ed Liability Company	
The enclo	osed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please re	turn all corresp	oondence concerning this matt	er to the following:	
	ROBERI	M. GALLOWAY		
_			Name of Person	
	GALLOV	WAY, WETTERMARK, EVI	EREST, RUTENS & GAILLARD, LLP.	
			Firm/Company	
	P.O. H	30x 16629		
			Address	
	Mobile	e, Al 36616		
<del></del>	1		y/State and Zip Code	•
_	bgallo	way@gallowayllp.com E-mail address: (to be used to	n or future annual report notification)	
For furth	er information	concerning this matter, please		
Robert	M. Gallow	<i>v</i> ay	at (251)476-4493	
	Name	of Person	at ( 251 ) 476-4493  Area Code & Daytime Telephone Number	_
Enclose	d is a check for	or the following amount:		
<b>3</b> \$125.00	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Certificate of Certified Copy (additional copy)	Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	MJD, LLC.	the IVI and the first of the fi
(Must en	d with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address an		of the principal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
9975 University Pa	arkway	P.O. Box 1262
Apt. 1	A	Brewton, AL 36427
Pensacola, FL 3	2514	
business entity with an active	ny cannot serve as its of Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:
business entity with an active The name and the Flor	ny cannot serve as its of Florida registration.)	own Registered Agent. You must designate an individual or another of the registered agent are:
The name and the Flor	ny cannot serve as its of Florida registration.) ida street address ichael. Dorso	of the registered agent are:  Name
The name and the Flor	ny cannot serve as its con Florida registration.) ida street address ichael. Dorso 975 Universit	own Registered Agent. You must designate an individual or another of the registered agent are:
The name and the Flor  M  9	ny cannot serve as its con Florida registration.) ida street address ichael. Dorso 975 Universit	of the registered agent are:  Name  y Parkway, Apt. 1  street address (P.O. Box NOT acceptable)  FL 32514
The name and the Flor  M  9	ny cannot serve as its of Florida registration.) ida street address ichael. Dorso  975 Universit	of the registered agent are:  Name  y Parkway, Apt, 1  street address (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

SEQUETARY OF STATE BY WEIGHT OF CORPORATIONS

## 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 Me	mber
MCRM	Dane Dorso
	9975 University Parkway, Apt. 1
	Pensacola, FL 32514
MGRM	Michael Dorso
	P.O. Box 1262
	Brewton, AL 36427
**************************************	
(Use attachment if necessar	ec.)
(Ose attachment if necessar	(y)
CLE V: Effective date, if oth	her than the date of filing: (OPTIONAL
	date must be specific and cannot be more than five business
effective date is disted, the	that must be specific and cannot be more than five business
enective date is listed, the to or 90 days after the date (	
to or 90 days after the date o	of filing.)
	of filing.)
to or 90 days after the date o	of filing.)
to or 90 days after the date o	of filing.)
to or 90 days after the date o	of filing.)
to or 90 days after the date of REQUIRED SIGNATUR  Signature  (In accordance with	of filing.)  RE:  of a member or an authorized representative of a member.  th section 608.408(3), Florida Statutes, the execution of this document
to or 90 days after the date of REQUIRED SIGNATUR  Signature  (In accordance with constitutes an affir	of filing.) RE:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Michael Dorso

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee