Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SHAPIRO & ADAMS, P.A.

Account Number : I19990000101

Phone Fax Number : (561)691-0059 : (561)691-0066

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

jemberton@rlshapirolaw.com



FLORIDA LIMITED LIABILITY CO. MDN 601, LLC

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EXAMINER JAN -8 2013

(((H130000048063)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
MDN 601, LLC	·
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2007 Palm Seach Lakes Blvd.	2007 Palm Beach Lakes Blvd.
West Palm Beach, Florida 33409	West Palm Beach, Florida 33409
(The Limited Likbility Company cannot serve as its ov business entity with an active Florida registration.)	Istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Robert Lee Shapiro, P.	
	Namo San
2401 PGA Blvd., Suite	
Plorida s	treet address (P.O. Box NOT acceptable)

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 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Palm Beach Gardens,

(CONTINUED)

Page 1 of 2

(((H130000048063)))

(((H130000048063)))

ARTICLE IV- Manager(s) or Managing Mamber(s): The name and address of each Manager or Managing Member is as follows: The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Manager "MGRM		
The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Peter Lamekas 2007 Paim Beach Lakes Bivd. West Palm Beach, Florids 33408 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: Or 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608 A08(3), Findia Stamms, the execution of this document constitutes an affirmation under the petalties of perjury that the facts stated herein are true. I am sware that any false information submitted in a document to the Department of State continues a find degree foliony as provided for in s.817.135, F.S.) Peter Lamekas Typed or printed memo of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 34.00 Certified Copy (Optional)		The state of the s
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