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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

MDF Compliance Consulting, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcos	De Frias		•	
		Name of Person		
		Firm/Company		
8320 S.	W. 65th Aver	าue #4		
		Address		
Miami,	FL 33143			SECR
		y/State and Zip Coo	le	HA R
marcosd	efrias@yahoo.			SSE R
	E-mail address: (to be used	for future annual rep	port notification)	100 mg
For further information	concerning this matter, please	call:		
Marcos De	Frias	786	683-009	)2 \$\frac{1}{2} \frac{1}{2} \f
- Name	of Person	Area Cod	le & Daytime Telepho	ne Number
Enclosed is a check for	or the following amount:			** - ***
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fili Certified Co (additional co	opy ( py is enclosed) (	160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Registra Division	Courier Address ation Section of Corporations Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MDF COMPLIAN	CE CONSULTING, LLC					
		Liability Company, "L.L.C.," or "LLC	.")	<del></del>		
ARTICLE II - A	Addrage:					
		e principal office of the Limi	ited Liab	ility Com	pany i	s:
J		•			, -	
Principal Office	e Address:	Mailing Address:				
8320 S.W. 65th Avenue #4		8320 S.W. 65th Avenue	#4			
Miami, FL 33143		Miami, FL 33143			•	
·	an active Florida registration.)  The Florida street address of the Marcos De Frias  N	he registered agent are:		CRETARY	III NAR -4 PH	
	.8320 S.W. 65th Avenue #	<u>A</u>	<b>₹</b>	ST.	÷ Ş	C
		et address (P.O. Box NOT accepta	ble)		ယ္	
	Miami, FL 33143	FI.	\$ 186 A			
		y, State, and Zip	•			
liability com registered age all statutes rei	pany at the place designated nt and agree to act in this co lating to the proper and com	I to accept service of process I in this certificate, I hereby a spacity. I further agree to complete performance of my duties registered agentas provide	ccept the nply with es, and I	appointm the provi am famili	ent as sions d ar with	of h

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

•	<u>Title:</u>	Name and Address:
	"MGR" = Manager	
	"MGRM" = Managing Member	
	MGRM	Marcos De Frias
		8320 S.W. 65th Avenue #4
		Miami, FL 33143
		, <del></del>
	•	
	<del></del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		· · · · · · · · · · · · · · · · · · ·
٠٠,	(Use attachment if necessary)	
ADTI	CIENT December day is already and a d	· (OPTIONAL)
	CLE V: Effective date, if other than the defeative date is listed, the date must be	ate of filing: (OPTIONAL)  be specific and cannot be more than five business days
	to or 90 days after the date of filing.)	e specific and cannot be more than five business days
Prior (	of 50 days after the date of fining.	
		<i>/ )</i>
	REQUIRED SIGNAPURE:	
	/ \ /X .	\ \ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
		a de San
	Signature of a member of	or an authorized representative of a member.
	(In accordance with section 608.41	08(3), Florida Statutes, the execution of this document
	constitutes an affirmation under th	e penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department State
	constitutes a third degree felony as	s provided for in s.817.155, F.S.)
	Marcos	To FRIAC FOR EM
		d or printed name of signee
	· ·	\$ <sup>™</sup> 35

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)