Division lorida Department of

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

JUL'2 4 2013

L. SELLERS

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

: (305)633-9696 Fax Number

Configuration the small address for this business entity to be used for future Sinnual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO.

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00

M.D. MOTIVATIONAL ENTERPRISES, LLC

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7/23/2013

EMPIRE CORP

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be:

M.D. MOTIVATIONAL ENTERPRISES, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The principal street address of the limited liability company is: 11371 SW 211 STREET, MIAMI, FL 33189 and mailing address is P.O. BOX 630485 MIAMI, FL 33163

ARTICLE IV

The name and Florida street address of the registered agent shall be:

GUY D. SPERDUTO, CPA 8963 STIRLING RD. STE 101 COOPER CITY, FL 33328

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Guy D. Sperduto

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Signature of Registered Agent

Signature of a member or an 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 facts stated herein are true.)

Typed or printed name of signee

13 JUL 23 AM 9: OF STATE ALLAHASSEE PLOKING

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