

L13 060 110655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

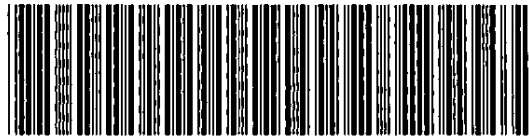
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300249945813

08/06/13--01002--007 **125.00

RECEIVED
13 AUG -5 PM 2:56
DIVISION OF CORPORATE & SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2013 AUG -5 AM 9:44

AUG - 6 2013

T CLINE

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **RICKY SOTO**

DATE: **08/05/2013**

REF. #: **8853345**

CORP. NAME: **MD RESIDENTIAL III, LLC**

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70005674 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2013 AUG -5 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION

OF

MD RESIDENTIAL III, LLC

These Articles of Organization have been filed with the Florida Department of State in accordance with the Florida Limited Liability Company Act, Chapter 608, Florida Statutes (the "Act"). Capitalized terms used herein are intended to be defined terms and shall have the meanings ascribed to them herein.

ARTICLE IX
NAME

The name of the Limited Liability Company is MD RESIDENTIAL III, LLC (the "Company").

ARTICLE X
ADDRESS

The mailing address and street address of the principal office of the Company is 782 NW 42 Avenue, Suite #205, Miami FL 33126.

ARTICLE XI
REGISTERED AGENT AND OFFICE

The name and street address of the Company's initial registered agent and office are:

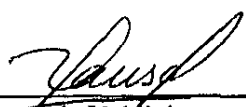
Ada Valdivia
782 NW 42 Avenue, Suite #205
Miami FL 33126

ARTICLE XII
MANAGEMENT

The Company is a "manager-managed" limited liability company and its manager(s) will be appointed in accordance with the Company's operating agreement, as it may be amended.

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.

Dated this 22 day of July, 2013.

By: 
Name: Ada Valdivia
Title: Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG -5 PM 9:44

FILED

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 22 day July, 2013.



Ada Valdivia

2013 AUG -5 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED