

L13000172329

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

(((H13000273047 3)))



H130002730473ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
NCMD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DEC 13 2013

A. LUNT

RECEIVED  
13 DEC 12 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

413000273047

3

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The Name of the Limited Liability Company shall be :

**NCMD, 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 act.

2018 DEC 12 AM 11:25  
FILED  
CLERK OF CIRCUIT COURT  
JULIA M. BOYLE, CLERK  
TALLAHASSEE, FLORIDA

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is:

**7760 S.W. 106<sup>TH</sup> TERRACE  
PINECREST, FL 33156**

**ARTICLE IV**

The name of the Managing Member and Member(S) shall be:

**MANAGING MEMBER**

**BRAD MANDELL  
8516 HERON LAGOON CIRCLE  
SARASOTA, FL 34242**

**MEMBER**

**MARC ALTER  
7760 S.W. 106<sup>TH</sup> TERRACE  
PINECREST, FL 33156**

**ARTICLE V**

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

**BRAD S. MANDELL  
8516 HERON LAGOON CIRCLE  
SARASOTA, FL 34242**

413000273047

413000073047

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

NCMD, LLC

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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

*Braed Mandell*

Signature of Registered Agent

*Marc Alter*

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)

MARC ALTER

Typed or printed name signee

FILED  
2018 DEC 12 AM 11:25  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

413000073047