

L14000128589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

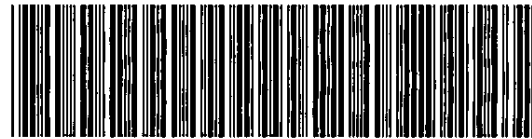
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



www.nathansonlaw.com

Mark Nathanson
Mitchell A. Nathanson

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mitchell@nathansonlaw.com

Of Counsel:
Diane Memmoli

August 12, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

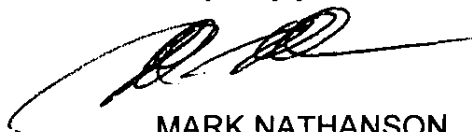
Re: MD Hospitality, LLC

Dear Sir/Madam:

Enclosed please find a completed Cover Letter and Articles of Organization for Florida LLC form, together with our check in the amount of \$155.00. Please forward the Articles of Corporation and an additional certified copy to this office.

Thank you.

Very truly yours,



MARK NATHANSON

MN/ej
Encs.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MD Hospitality, 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:

Mark Nathanson, Esq.
Name of Person

The Nathanson Law Firm LLP
Firm/Company

81 Hempstead Avenue
Address

Lynbrook, NY 11563
City/State and Zip Code

mark@nathansonlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Klein at (917) 873-9322
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy 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
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MD Hospitality, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10852 Crystal Key Lane
Boynton Beach, FL 33437

Mailing Address:

10852 Crystal Key Lane
Boynton Beach, FL 33437

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Joel Klein

Name

10852 Crystal Key Lane


Florida street address (P.O. Box NOT acceptable)

Boynton Beach, FL 33437

City

Zip

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 605, F.S.,


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Moishe Gubin

1230 Ridgedale Road

South Bend, IN 46614

Joel Klein

10852 Crystal Key Lane

Boynton Beach, FL 33437

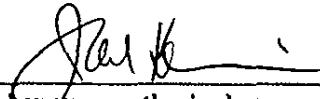
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joel Klein

Typed or printed name of signee

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)

14 AUG 15 AM 10:02
FILED
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA