

L150 00015905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

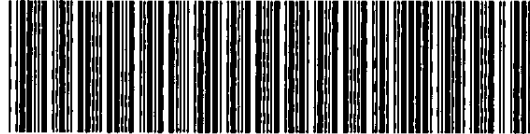
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 27 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2015

IAIN HARNDEN
211 JOHN KNOX RD SUITE 105
TALLAHASSEE, FL 32303

SUBJECT: MLD ARCHITECTS LLC
Ref. Number: W15000003389

We have received your document for MLD ARCHITECTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00000981

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MLD Architects
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:

Iain Harnden
Name of Person

Firm/Company

211 John Knox Rd, Suite 105
Address

Tallahassee, FL 32303
City/State and Zip Code

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

For further information concerning this matter, please call:

Iain Harnden at (850) 385-9200
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

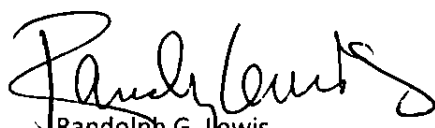


January 13, 2015

To Whom it May Concern,

This letter is to confirm that I am aware of the Limited Liability Company, MLD Architects submitting their articles of organization with the Florida Department of State, Division of Corporations and that I do not have any objection to the said LLC using the name MLD Architects.

Best regards,


Randolph G. Lewis
President



Iain Harnden
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF145907
Expires 7/28/2018



RANDY LEWIS IS PERSONALLY KNOWN TO ME
1/19/15

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TALLAHASSEE, FLORIDA



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MLD Architects, 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:

Mailing Address:

211 John Knox Rd
Suite 105
Tallahassee, FL 32303

211 John Knox Rd
Suite 105
Tallahassee, FL 32303

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:

Danny Manausa

Name

1701 Hermitage Blvd, Suite 100

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

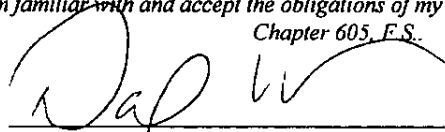
Tallahassee FL 32308

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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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Jerry Scott , MGR

Name and Address:

211 John Knox Rd. Suite 105

Tallahassee, FL 32303

Iain Harnden , MGR

211 John Knox Rd. Suite 105

Tallahassee, FL 32303

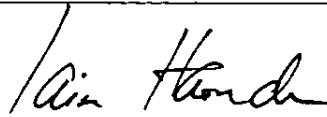
(Use attachment if necessary)

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.)

Iain Harnden

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)

15 JAN 27 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA