

Feb. 25. 2015 4:40PM

No. 1092 P. 2

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I200000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

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

Email Address: DAVIDCPA@TAMPABAY.FL.COM

FLORIDA LIMITED LIABILITY CO.
MDM DEVELOPMENT OF TAMPA BAY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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FEB 26 2015

S. YOUNG

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Fax Server



February 25, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAVID C HASTINGS, CPA, PA

SUBJECT: MDM DEVELOPMENT OF TAMPA BAY, LLC
REF: W15000013710

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return 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.

Shelia H Young
Regulatory Specialist II

FAX Aud. #: H15000047448
Letter Number: 815A00003925

RECEIVED
15 FEB 25 AM 10:00
REGULATORY SPECIALIST II
INFORMATION

FILED
15 FEB 25 AM 11:08
REGULATORY SPECIALIST II
INFORMATION

H150000 474 483

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MDM Development of Tampa Bay, 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:

2161 BURNICE DR
CLEARWATER, FL 33764

SAME

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:

DAVID C HASTINGS CPA

Name

2207 54TH ST S

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

GULFPORT

City

FL 33707

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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HASTINGS CPA

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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

Name and Address:

DEBORA OCONNOR

2161 BURNICE DR

CLEARWATER, FL 33764

(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:

Debra O'Connor

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.)

DEBORA OCONNOR

Typed or printed name of signer

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)

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