## L15000116240

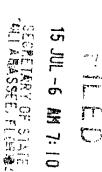
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entitle News)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

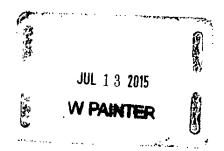
Office Use Only



400274579084

07/06/15--01036--005 \*\*155.00





## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: MDM IMMOBILIEN 26.L.L.C  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:
BRAR FRAJESHWARI KETELS  Name of Person
N/A
Firm/Company
11430 NW 23 BD STREET Address
PLANTATION FL 33323 City/State and Zip Code
City/State and Zip Code INSWERTE YAHOO. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
BRAR KETELS  RAJESHWANI KETELS  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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	I	$\mathbf{c}$	L	E	I	•	Name:
---	---	---	---	--------------	---	---	---	---	-------

The name of the Limited Liability Company is:

MDM TMMOBILIEN 26. L.L.C.

(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:

•				•	
				STREET	_
N 7	ATTO	DN,	FL		

**Principal Office Address:** 

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:

BRAR & RAJESHWAW KETELS

Name

11430 NW 23 PD STREET

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

PLANTATION, FL 33323

City State 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)

Page 1 of 2

<b>Title:</b> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	RAJESHWARI KETELS 1430 NW 2310 STREET
AMBR	BRAR KETELS 11430 NW 23 PD STREET
<b></b>	PLANTATION, FL 33323
(Lise attachment if necessary)	
	date of filing: $6-30-2015$ (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
EV: Effective date, if other than the ective date is listed, the date must lof filing.) The date inserted in this block does ment's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must lof filing.)  the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must lof filing.) The date inserted in this block does ment's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any.  REOUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Dep	not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Dep	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  A member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does ment's effective date on the Department's effective date on the Dep	not meet the applicable statutory filing requirements, this date will not be ment of State's records. <b>a member or an authorized representative of a member.</b> xecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
EV: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does ment's effective date on the Department's effective date of the Department's effective date of the Dep	not meet the applicable statutory filing requirements, this date will not be ment of State's records.  A member or an authorized representative of a member.  Executed in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.  BLACICELS  Typed or printed name of signee

Page 2 of 2