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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : THERREL BAISDEN, P.A.
Account Number : I20140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

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

Email Address: PRodriguez@Therrelbaisden.com

**FLORIDA LIMITED LIABILITY CO.
MRD LEON, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRD LBON, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and SoC(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pablo J. Rodriguez

Name of Person

Therrel Business, PA

Firm/Company

One S.E. 3rd Ave., Suite 2050

Address

Miami, FL 33131

City/State and Zip Code

PRODRIGUEZ@THERRELBASIDEN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo J. Rodriguez

305

371-3758

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



\$135.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailbox Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MRD LEON, 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:

6301 SW 39 ST
Miami, FL 33155

6301 SW 39 ST
Miami, FL 33155

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:

WILFREDO CONTRERAS

Name

6301 SW 39 ST

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

Miami

FL

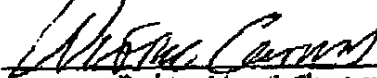
33155

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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:	Name and Address:
"AMBR" - Authorized Member	
"MGR" - Manager	
MGR	Wilfredo Contreras
	6301 NW 30 ST
	Miami, FL 33155

(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 90 business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REGISTERED SIGNATURE



 Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. 17.155, F.S.

Sven Meyer

Lilia Deberk

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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