

L15 000156457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

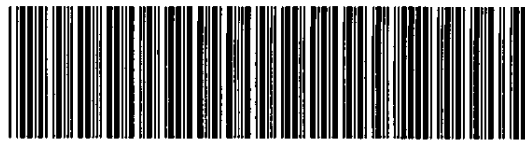
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CLERK OF COURT
711 AVENUE OF COURSE

9/17/15

PASTERNAK & FIDIS
P.C.

September 2, 2015

ANNE W. COVENTRY
ATTORNEY AT LAW

7735 OLD GEORGETOWN ROAD
SUITE 1100
BETHESDA, MD 20814-6183
301.656.8850 x 457
FAX: 301.656.3053
ACOVENTRY@PASTERNAKFIDIS.COM

New Filing Section
Division of Corporations
Post Office box 6327
Tallahassee, FL 32314

Attention: Registration Section

Re: MDS Provence LLC

Dear Sir or Madam:

Enclosed please find the State of Florida Cover Letter for MDS Provence LLC along with Articles of Organization. Also enclosed is our check in the amount of \$125.

Please send us an acknowledgement of the filing of MDS Provence LLC.

If you have any questions, please contact my paralegal, Jean Johnson, or me.
Thank you for your prompt attention to this matter.

Sincerely,



Anne W. Coventry

AWC/jhj
Enclosures

[S1040-0000] - [Stohlman, Marianne D] 1081398

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MDS Provence 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:

Anne W. Coventry, Esquire

Name of Person

Pasternak & Fidis, PC

Firm/Company

7735 Old Georgetown Road, #1100

Address

Bethesda, MD 20814

City/State and Zip Code

acoventry@pasternakfidis.com

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

For further information concerning this matter, please call:

Jean Johnson, Paralegal

301

656-8850

at (_____) _____

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MDS Provence 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:

6000 Conway Road

Bethesda, MD 20817

Mailing Address:

6000 Conway Road

Bethesda, MD 20817

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:

CT Corporation

Name

1200 South Pine Island Road

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

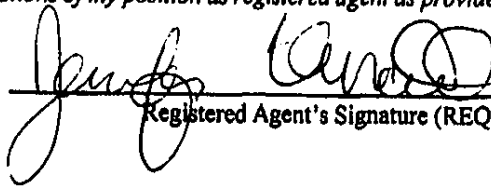
Plantation, FL 33324

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)

Jenifer Vincent

Vice President & Assistant Secretary

(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

MGR

Name and Address:

Barbara A. Stohlman

6000 Conway Road

Bethesda, MD 20817

(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.)

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.

REQUIRED 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.817.155, F.S.

Anne W. Coventry

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)