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Division of Corporations

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Florida Department of State  
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To:

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Fax Number : (850) 617-6381

From:

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

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FLORIDA LIMITED LIABILITY CO.  
MLDM LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
MLDM LLC**

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: **MLDM LLC**

**ARTICLE II  
ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is:  
4099 Tamiami Trail North, Suite 200, Naples, FL 34103

**ARTICLE III  
DURATION**

The period of duration of the Limited Liability Company shall be perpetual or until dissolved in a manner provided by law or as provided in the regulations adopted by the members.

**ARTICLE IV  
PURPOSE**

The purpose of the Company is to engage in any and/or all lawful business(es).

**ARTICLE V  
MANAGEMENT**

The Limited Liability Company is to be managed by a Manager and the name and address of such Manager who is to serve as Manager until a successor is elected and qualified is:

James D. Vogel  
4099 Tamiami Trail North, Suite 200  
Naples, FL 34103

**ARTICLE VI  
ADMISSION OF ADDITIONAL MEMBERS**

Upon approval as set forth in the operating agreement of the company, the company is authorized to issue additional Units in the company and to admit Additional Members to the Company.

**ARTICLE VII  
MEMBERS' RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

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These Articles are executed this 5<sup>th</sup> day of January, 2016 by an undersigned authorized representative of a member of the Company, pursuant to Florida Limited Liability Company Act, Chapter 605, Florida Statutes.

Authorized Representative of a Member of the  
Company:

  
\_\_\_\_\_  
JAMES D. VOGEL

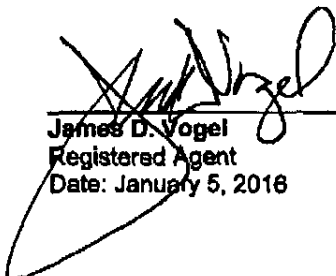
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is: **MLDM LLC**
2. The name and address of the registered agent and office is:

James D. Vogel  
4099 Tamiami Trail North  
Suite 200  
Naples, Florida 34103

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.

  
\_\_\_\_\_  
James D. Vogel  
Registered Agent  
Date: January 5, 2016

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