

L 17000127923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

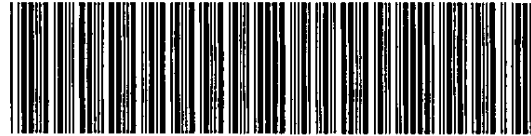
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/12/17--01012--015 **155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A handwritten signature in black ink, consisting of a stylized, cursive letter 'J' followed by a horizontal line.

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780
321.480.9789

June 9, 2017

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

RE: MD ENTERPRISES OF TITUSVILLE, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service
2650 Baywood Drive
Titusville, Florida 32780
321.480.9789

Sincerely,



Carol Allison

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I

Name of Limited Liability Company is:

MD ENTERPRISES OF TITUSVILLE, LLC

ARTICLE II

Mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

781 Florencia Circle
Titusville, Fl. 32780

Mailing Address:

781 Florencia Circle
Titusville, Fl. 32780

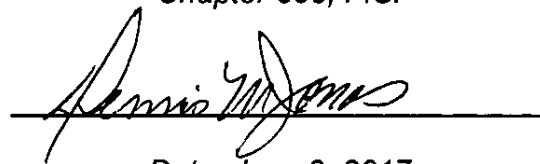
ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:
(You must designate an individual or another business with an active Florida registration)

The name and the Florida street address of the registered agent are:

Dennis M. Jonas
781 Florencia Circle
Titusville, Fl. 32780

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.



Date: June 9, 2017

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV

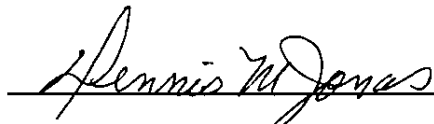
The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
"MGR"=Manager	
"AMBR"=Authorized Member	
<u>AMBR</u>	<u>Dennis M. Jonas</u>
	<u>781 Florencia Circle</u>
	<u>Titusville, Fl. 32780</u>

ARTICLE V

Effective date, if other than the date of filing: File Date
(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.)

REQUIRED SIGNATURE:



Dennis M. Jonas
June 9, 2017

(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.)

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TALLAHASSEE, FLORIDA

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