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TALLAHASSEE, FLORIDA

17 NOV 27 AM 11:05

D O'KEEFE

DEC 07 2017

W17-90037



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2017

RECEIVED  
2017 NOV 27 AM 11:37  
TALLAHASSEE, FLORIDA

\* MICHAEL A DELLA VECCHIA  
765 PORT CHARLOTTE DR  
PONTE VEDRA, FL 32081

IRS EIN 82-3315465

SUBJECT: MDV CO, LLC  
Ref. Number: W17000090037

→ see updated/revised  
name MDV Company 59, LLC.

We have received your document for MDV CO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 517A00022855

RECEIVED  
17 NOV 27 AM 11:05  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2017

MICHAEL A DELLA VECCHIA  
765 PORT CHARLOTTE DR  
PONTE VEDRA, FL 32081

SUBJECT: MDV CO, LLC  
Ref. Number: W17000090037

77 NOV 27 AM 11:05  
FALLAHSVILLE, FL 32044

We have received your document for MDV CO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 517A00022855

COVER LETTER

TO: New Filing Section  
Division of Corporations

Resubmit 11/20/2017  
Ref # W17000090037

SUBJECT: MDV Company 59, 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:

Michael A Della Vecchia  
Name of Person

MDV Company 59, LLC.  
Firm/Company

765 Port Charlotte Dr  
Address

Ponte Vedra FL 32081  
City/State and Zip Code

HHF13 MDV@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Della Vecchia at (631) 816-1007  
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)

Already Paid  


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:

MDV Company 59, LLC.  
(Must contain 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:

765 Port Charlotte Dr  
Ponte Vedra FL 32081

Mailing Address:

Michael A Della Vecchia  
765 Port Charlotte Dr  
Ponte Vedra FL 32081

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:

Michael A Della Vecchia  
Name  
765 Port Charlotte Dr  
Florida street address (P.O. Box **NOT** acceptable)  
Ponte Vedra FL 32081  
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..

Michael A. Della Vecchia Michael A. Della Vecchia  
Registered Agent's Signature (REQUIRED)

(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

**Name and Address:**

Michael A Della Vecchia  
765 Port Charlotte Dr  
Ponte Vedra FL 32081

(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.

Michael A. Della Vecchia

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)

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TALLAHASSEE, FLORIDA

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