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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Ďo	cument Number)	
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COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	MDC Real Estate, LLC		
SOBJECT		e of Limited Liabil	ity Company
The enclos	ed Articles of Organization and f	ee(s) are submitted	for filing.
Please retu	rn all correspondence concerning	this matter to the f	following:
	Kathleen Diedrich		
		Name of	Person
	STA Implementation Services.	LLC	
		Firm/Co	mpany
	1250 Barclay Blvd		
		Addr	ess
	Buffalo Grove, IL 60089		
	andy@masondixoncontracting.co	City/State an	d Zip Code
-			innual report notification)
For further in	nformation concerning this matter	r, please call:	
	Kathleen Diedrich	877 _at (894-0073
	Name of Person		Daytime Telephone Number
Enclosed is	s a check for the following amoun	it:	
]\$ 125.00 Fi	lling Fee S130.00 Filing Fe Certificate of Sta	atus Certifi	00 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		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	y Company is:					
MDC Real Estate, LI	.C					
(Must conta	in the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street ac	ldress of the principal of	fice of the Li	mited Liability Company is:			
<u>Principa</u>	ıl Office Address:		Mailing Addres	<u>s</u> :		
191 North Central Av	renue		191 North Central Avenue			
Umatilla, FL 32784			Umatilla, FL 32784			
						
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own letive Florida registration	Registered A		vidual or	2018	
The name and the Florida street a	iddress of the registered	agent are:			35.00 CCC	
	Andrew Dixon			112 (3)	APR	77
		Name		95 Sy	2	-
	101 North Control Au				_	im
	191 North Central Av		om III.		3:	
	Florida street address	(P.O. Box 🗷	OI acceptable)	: 3 -	$\ddot{\mathcal{C}}$	\cup
	Umatilla, FL 32784			ŠÄ		
	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)

(CONTINUED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	Andrew Dixon
	191 North Central Avenue
	Umatilla, FL 32784
	
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.)	
ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.) If the date inserted in this block does not modernment's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.)	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be liste
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ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.) If the date inserted in this block does not mocument's effective date on the Department of ICLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be list
ICLE V: Effective date, if other than the date reffective date is listed, the date must be speate of filing.) If the date inserted in this block does not mocument's effective date on the Department of ICLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days a neet the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective date, if other than the date in effective date is listed, the date must be speate of filing.) If the date inserted in this block does not mocument's effective date on the Department of ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes. einformation submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)