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Florida Department of State  
Division of Corporations  
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CLARA GIRALDO, P.A.  
200 S.W. 84 AVENUE SUITE C  
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PH.: (305) 485-1098

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**FLORIDA LIMITED LIABILITY CO.  
MDX TRUST FUNDS LLC**

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Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

K. PAGE

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2019 APR 11 AM 9:18

2019 APR 11 AM 9:18

2019 APR 11 AM 9:18

2019 APR 11 AM 9:18

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

**MDX TRUST FUNDS, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MDX TRUST FUNDS, LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**14119 SW 32<sup>ND</sup> ST  
MIRAMAR, FL 33027**

The mailing address shall be:

**14119 SW 32<sup>ND</sup> ST  
MIRAMAR, FL 33027**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**MARIA GIAMPORTONE**

**14119 SW 32<sup>ND</sup> ST**  
Florida Street address (P.O. BOX NOT acceptable)  
**MIRAMAR FL, 33027**  
City, State, and Zip

**CLARA GIRALDO E.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33155**  
**PH.: (305) 485-9300**

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..

X   
REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**MARIA GIAMPORTONE**  
14119 SW 32<sup>ND</sup> ST  
MIRAMAR, FL 33027

**MANAGER**

(An additional article must be added if an effective date is requested)

X   
Signature of a member or an authorized representative of a member.

(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.)

**MARIA GIAMPORTONE**  
Typed or printed name of signee

**CLARA GIRALDO E.A.**  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300