

11/4/2019

**L19000263847**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

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From: Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : I19998000017  
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**FLORIDA LIMITED LIABILITY CO.  
MDT USA, LLC**

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

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

**MDT USA, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MDT USA, LLC .**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**2400 NW 93<sup>RD</sup> AVE SUITE 301  
DORAL, FL. 33172**

The mailing address shall be:

**2400 NW 93<sup>RD</sup> AVE SUITE 301  
DORAL, FL. 33172**

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

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

**LORENA BALESTRIN SIQUEIRA CAMPOS**

**2400 NW 93<sup>RD</sup> AVE SUITE 301**  
Florida Street address (P.O.BOX NOT acceptable)  
**DORAL, FL. 33172**  
City, State, and Zip

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**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.

  
**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.


**LORENA BALESTRIN SIQUEIRA CAMPOS**  
**2400 NW 93<sup>RD</sup> AVE SUITE 301**  
**DORAL, FL. 33172**

**MANAGER**

**NEIL SIQUEIRA CAMPOS**  
**2400 NW 93<sup>RD</sup> AVE SUITE 301**  
**DORAL, FL. 33172**

**MANAGER**

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

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.)

**LORENA BALESTRIN SIQUEIRA CAMPOS**  
Typed or printed name of signee

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