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## L2000 Division of Consolidate 378

#### Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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### FLORIDA LIMITED LIABILITY CO. MDG CONSULTING SERVICES, LLC

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APR 6 2020

#### 850-617-6381

#### RESUBMIT

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March 24, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

CSC

SUBJECT: MDG CONSULTING, LLC

REF: W20000031609

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Please note 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., " "LC., " "Ltd., " and "Co."

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

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Neysa Culligan FAX Aud. #: H20000090921 Regulatory Specialist II Letter Number: 620A00006453

P.O BOX 6327 - Tallahassee, Florida 32314

MDG Consulting Se	rvices, LLC			
	atin the words "Limited I	.iability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	ffice of the Limited !	Liability Company is:	
<u>Princip</u>	Principal Office Address:		Mailing Address:	
500 N Federal High Pompano Beach FL		Same	e	
(The Limited Liability Company another business entity with an a The name and the Florida street	active Florida registration address of the registered Bruce David Green	n.) lagent are: Name	You must designate an indiv	SECRETARY OF TALLAHASSEE
	Florida street address		reentable)	SSE PR
			······································	7. W V
	<ul> <li>Fort Lauderdale, FL 3</li> </ul>	3331	Zip	FL FL
	City	State		

(CONTINUED)

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Michael D. Gordon 500 N Federal Flighway Pompano Beach FL 33062	
	SECRET TALL	7870 MAN
	ALLAHASSE	SHOULD A VILLE
	in or	,
(Use attachment if necessary)	بر اج کا	i r
(If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does the document's effective date on the Department	date of tiling:	
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	/s/ Michael D. Gordon	
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Michael D.	Ciordon	
	Typed or printed name of signee	

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