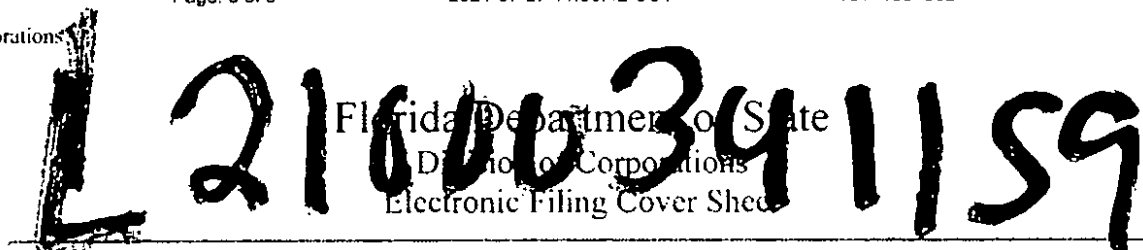


Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000275479 3)))



H210002754793ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MDP-Erwin, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Please keep file date 7/19/2021

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

JUL 28 2021

T. SCOTT

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MDP-Erwin, 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:

6260 Dupont Station Court, Suite B
Jacksonville, FL 32217

Mailing Address:

Attn: Patrick Bray, CFO
Maury Donnelly & Parr, Inc.
24 Commerce Street
Baltimore, MD 21202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

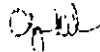
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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..



Olga Hinkel, VP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2021 JUL 19 AM 11:15
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>MGR</u>	<u>Brian Phoebus</u> 24 Commerce Street Baltimore, MD 21202
<u>MGR</u>	<u>Judson Norton</u> 6260 Dupont Station Court, Suite B Jacksonville, FL 32217
<u>MGR</u>	<u>Hayward Howard</u> 24 Commerce Street Baltimore, MD 21202

ARTICLE V: Effective date, shall be 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: No Member is enabled to request or require judicial partition, apportionment or liquidation of any Company membership interest, unless otherwise provided for under operating agreement of the Company.

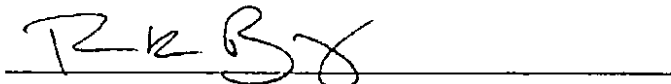
ARTICLE VII: Any operating agreement (as defined in section 605.0102 (45) of the Act) of the Company must be in writing.

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.

Maury, Donnelly & Parr, Inc., Member



Patrick Bray, Chief Financial Officer.

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)