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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

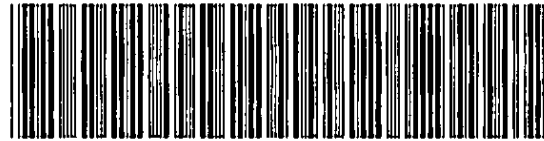
(Document Number)

Certified Copies _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HL

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MD/VD Ventures, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marty McCutchen

Name of Person

Marty McCutchen CPA, P.C.

Firm/Company

6628 Bryant Irvin Rd. Ste 100

Address

Fort Worth, TX 76132

City/State and Zip Code

nikole@cpaindfw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nikole Weldon

817

350-6719

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Payment Form
(Revised 06/16)



Date of Receipt (for office use).

Please select requested processing:

- ☐ **Expedited Handling** (not available for Authentication Services or Trademark Applications)
(\$25 per corporate document/\$10 for copies/ \$15 for UCC)
- ☒ **Regular Handling**

SUBMITTER INFORMATION:

Company/Firm or
Individual Name: MD/VD VENTURES
Street: 20 W. Blue Coral Dr.
City/State/Zip: Santa Rosa Beach, FL 32459
Phone: 817.291.8666 Fax: _____
Email: vjd8666@gmail.com

DOCUMENT FILING INFORMATION:

Name listed on document: MD/VD VENTURES
File # (if applicable): _____
Type of Document: _____
Number of Pages: _____

INSTRUCTIONS:

Mark the appropriate handling request.

If expedited include an email address.

Submitter Information: Completely fill out information of the person/company submitting the documents.

Document Filing Information: Completely fill out information regarding the document that is being submitted.

Payment Information: Check the box with your method of payment. Include the necessary information. For Mastercard, Visa, and Discover, the Security Code is the last three digits in the signature area on the back of your card. For American Express, it is the four digits on the front of the card. *Fees paid by credit card are subject to a statutorily authorized convenience fee of 2.7% of the total fees incurred.*

Return To: Include a return address to which the documents should be returned. If same as submitter, check the box.

PAYMENT INFORMATION:

☐ Visa ☐ Mastercard ☐ Discover ☐ American Express ☒ Check/Money Order Enclosed (no electronic check)

Card #:

Exp (MM/YY): _____ Security Code: _____

Name on Card: _____

Billing Address: _____

City/State: _____

Zip Code: _____

Signature: _____

☐ **Client Account**

Account #: _____

Name on Account: _____

☐ **LegalEase**

Account #: 500679 - _____

Client Reference #: _____

RETURN TO:

☒ Same as submitter

Name: _____

Street: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MD/VD VENTURES, 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:

MD/VD Ventures, LLC
20 West Blue Coral Drive
Santa Rosa Beach, FL 32459

Mailing Address:

MD/VD Ventures, LLC
20 West Blue Coral Drive
Santa Rosa Beach, FL 32459

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

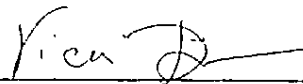
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Business Filings Incorporated
Name
1200 South Pine Island Rd.
Florida street address (P.O. Box **NOT** acceptable)

<u>Plantation</u>	<u>FL</u>	<u>33324</u>
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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

Vicki Dickerson
20 West Blue Coral Drive
Santa Rosa Beach, FL 32459

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after 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: Other provisions, if any.

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.

Vicki Dickerson

Vicki Dickerson

Typed or printed name of signee

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)