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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

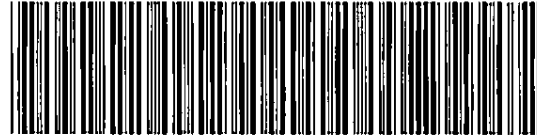
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Attorneys and Counselors at Law
123 South Calhoun Street
P.O. Box 391 32302
Tallahassee, FL 32301
P: (850) 224-9115
F: (850) 222-7560
ausley.com

Writer's Direct Line: (850) 425-5457

September 19, 2022

Secretary of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

VIA HAND DELIVERY

Re: **MRD Properties of Tallahassee, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **MRD Properties of Tallahassee, LLC**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$125.00
Filing Fee | <input type="checkbox"/> \$130.00
Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00
Filing Fee &
Certified Copy
(additional copy enclosed) | <input type="checkbox"/> \$160.00
Filing Fee,
Certified Copy &
Certificate of Status
(additional copy enclosed) |
|---|--|--|---|

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,

Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw
Enclosures

**ARTICLES OF ORGANIZATION
OF
MRD PROPERTIES OF TALLAHASSEE, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the limited liability company is **MRD Properties of Tallahassee, LLC.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

2535 Capital Medical Boulevard
Tallahassee, Florida 32308

**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the limited liability company are:

Amanda Matthews
2535 Capital Medical Boulevard
Tallahassee, Florida 32308

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

s/Amanda Matthews

Amanda Matthews, Registered Agent

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**ARTICLE 4.
Management**

The limited liability company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of the person authorized to manage and control the limited liability company as Manager are as follows:

Amanda Matthews, Manager

2535 Capital Medical Boulevard
Tallahassee, Florida 32308

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 19th day of September, 2022.

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 Section 817.155, F.S.

s/Amanda Matthews

Amanda Matthews

Authorized Representative of Member

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