

L24000394765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

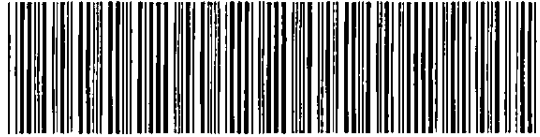
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 SEP 13 PM 3:05

STATE OF CALIFORNIA  
FILING OFFICE

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 9/13/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1293030

**ORDER ENTITY**  
MPT GOLDENWOOD LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

MPT GOLDENWOOD LLC ( FL)

New LLC filing

**NOTES:**

\$125.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", written over the word "Sincerely,".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

**Article I**

The name of the Limited Liability Company is: MPT GOLDENWOOD LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
42371 PARRISH CREEK ST. SPRAY, OR 97874

The mailing address of the Limited Liability Company is:  
P.O. BOX 208  
SPRAY, OREGAN 97874

**Article III**

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

Corporate Service Bureau Inc.  
1540 Glenway Drive  
Tallahassee, FL 32301

Having been named as registered agent and to accept service of process for the above states 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.

Registered Agent Signature: s/SCOTT J. SCHUSTER

**Article IV**

The name and address of the person(s) authorized to manage LLC:

MGR  
TODD M. HARVEY  
P.O. BOX 208  
SPRAY, OR 97874

Signature of member or an authorized representative

Dated: September 13, 2024

s/Scott J. Schuster

Scott J. Schuster, Authorized Representative

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

2024