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DATE: 5/25/99

TO:

Dick Mortland

FAX # (770) 416-7323

FAX # ( )

FAX # ( )

FROM:

Lauren Hammer / Ron Davis

COMMENTS:

☐ Per our discussion  
☐ Acknowledge receipt  
☐ Please comment

☒ For your information  
☐ Per your request  
☐ Please sign

ORIGINAL BEING SENT BY:

☐ First class mail ☐ Hand delivery ☐ Overnight delivery

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This transmission contains 3 pages (including cover). If there is an ERROR in transmission, please contact us as soon as possible at (404) 223-5900. THANK YOU!

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L99-3626

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 7, 1999

LAUREN HAMMER  
GOMEL & DAVIS, LLP  
285 PEACHTREE CENTER AVE., N.E.  
ATLANTA, GA 30303-1230

SUBJECT: MDI OF FLORIDA, LLC  
Ref. Number: W99000013163

We have received your document for MDI OF FLORIDA, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 999A00030700

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DIVISION OF CORPORATIONS  
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June 16, 1999

Ms. Tammi Cline  
Florida Department of State  
Division of Corporation - Registration Section  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Management Decisions of Florida, LLC  
Ref. Number: W99000013163

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DIVISION OF CORPORATIONS  
99 JUN 21 AM 11:12

Dear Ms. Cline:

In response to your letter dated June 7, 1999 regarding the name unavailability of the name "MDI of Florida, LLC" and per our telephone conversation regarding same, enclosed please find the following items for the above-referenced LLC:

1. Original Articles of Organization and 1 copy; and
2. Certificate of Designation of Registered Agent and 1 copy.

It is my understanding that you have our check in the amount of \$285.00 representing the filing fees. Please return a stamped filed copy of the above-listed documents to me in the envelope provided. Thank you for your immediate attention to this matter. Please do not hesitate to call if you have any questions.

Very truly yours,



Lauren D. Hammer

LDH:jrp  
Enclosures

CC: Ronald J. Davis  
Candace Robichaux  
Richard Mortland

G:\WORD\M0163\florida\6-16-99 Florida Dept. of State ltr.wpd

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Management Decisions of Florida, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4110 South Point Boulevard, Suite 212  
Jacksonville, FL 32216

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: perpetual

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/~~are~~ to serve as manager(s) is/are:

Candace Robichaux  
9255 Starpass Drive  
Jacksonville, FL 32256

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Upon the unanimous vote of all Members of the Limited Liability Company.

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**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Management Decisions of Florida, LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ - ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ \$1,000.00 .

Candace J. Robichaux  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Candace Robichaux  
Typed or printed name of signer

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Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Management Decisions of Florida, LLC

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

Candace Robichaux  
NAME

9255 Starpass Drive  
Florida street address (P. O. Box NOT ACCEPTABLE)

Jacksonville, FL 32256  
CITY, STATE AND 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.*

Candace J. Robichaux  
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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