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SECRETARY OF STATE

D. BRUCE

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**EXAMINER** 



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2011

GEORGE IVANOV 5855 JIMMY CARTER BLVD. SUITE 208 NORCROSS, GA 30071

SUBJECT: MDT SERVICES GROUP LLC

Ref. Number: W11000055997

We have received your document for MDT SERVICES GROUP LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 111A00024953

FILED

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SECRETARY OF STATE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: MD [ SER	VICES GRO	o of Limited Liability C	ompany	-		
The enclosed "Application by Existence, and check are subn	Foreign Limited Liabi	lity Company for Autho	rization to Transact Business is imited liability company to trai	n Florida, nsact busi	" Certit ness in	ficate of
Please return all corresponden	ce concerning this mat	ter to the following:				
GEORGI	E IVANOV					
		Name of Person				
MDT SEF	RVICES GROUP	•	• •		٠	
		Firm/Company				
5855 Jin	nmy Carter Blvd.	Suite 208				
<del></del>		Address				
Norcross	/GA 30071					
		City/State and Zip Coo	le			
mdtserv	icesgroup@gn	nail.com		-		•
	E-mail address: (to	be used for future annu	al report notification)		=======================================	
For further information conce	rning this matter, pleas	e call:		AHAS	NOV -7	71
George Ivano	v	at ( 404	, 993-6957	RY		LED
Na	me of Person	Area Code & Daytin	me Telephone Number	OF S	78 :6 HY	
MAILING ADDRE	<u>ss:</u>	STREET ADDRESS:		유정	ميو	
Division of Corporat	ions	Division of Corporation	ns	<u>5</u> M	£.	
Registration Section		Registration Section		مد		
P.O. Box 6327 Tallahassee, FL 3231	1	Clifton Building 2661 Executive Center	Circle	•		
Tananasse, FB 5251	-	Tallahassee, FL 32301				
Enclosed is a check for the	ne following amour	nt:				
\$125.00 Filing Fee	\$130.00 Filing Fee Certificate of State	& [7\$155.00 Filing	Fee & \$160.00 Filing Fee of Status & Certif	e, Certifica ied Copy	nte	
	er o de la companya d	enger og gjærg at				

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	MDT SERVICES GROUP LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the variety of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabiliompany," "L.L.C," "LLC.")	written ty
	MDT SERVICES GROUP LLC (Jurisdiction under the law of which foreign limited liability company is organized)  3. 27-0466768 (FEI number, if applicable)	
	07/01/2009 5 perpetual (Date of Organization) (Duration: Year limited liability company will cease to	
6.	exist or "perpetual")	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	5855 Jimmy Carter Blvd. Suite 208, Norcross, GA 30071	<u>m</u>
	(Street Address of Principal Office)	
	If limited liability company is a manager-managed company, check here	Ö
9.	The name and usual business addresses of the managing members or managers are as follows:  Luis Nunez 5855 Jimmy Carter Blvd. Suite 208, Norcross, GA 30071	
	George Ivanov 5855 Jimmy Carter Blvd. Suite 208, Norcross, GA 30071	
	Pavel Litnevsky 5855 Jimmy Carter Blvd. Suite 208, Norcross, GA 30071	
the	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptrisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida: Manpower/Labor Provider	
	Joseph	•
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)  George Ivanov	

Typed or printed name of signee

### 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.

I. The name of the Limited Liability Company is:  MDT SERVICES GROUP LLC		_	
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:		-	
NRAI Services, Inc (Name)	- <b>5</b> 6	=	
515 East Park Avenue  Florida Street Address (P.O. Box NOT ACCEPTABLE)	ORETARY LAHASSE	11 NOV -7	
Tallahassee, FL 32301 (Leon County) FL City/State/Zip	OF STATE	18 :6 HY	ED
Having been named as registered agent and to accept service of process for the above s		_	

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 608, Florida Statutes.

NRAI Survicus, Inc. Wendy D Rea, Assistant Secretary

\$ 100.00 Filing Fee for Application

25.00 Designation of Registered Agent

30.00 Certified Copy (optional) Certificate of Status (optional) 5.00

Control No. 09046594

## STATE OF GEORGIA

## Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### MDT SERVICES GROUP LLC

#### Domestic Limited Liability Company

was formed or was authorized to transact business on 07/01/2009 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of November, 2011

B: P.L.

Brian P. Kemp Secretary of State

Confidention Number: 7815411-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp