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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2016

JOSEPH BLAUH MDO II, LLC DBA DEALOR DOCY 7647 MAIN STREET FISHERS VICTOR, NY 14564

SUBJECT: MDO II, LLC DBA DEALOR DOCY

Ref. Number: W16000031945

We have received your document for MDO II, LLC DBA DEALOR DOCY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Letter Number: 516A00009000

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

то:	Registration Section Division of Corpora	n ations		
SUBJ	ест:	100 IF, LUC dha Nea Name of	Limited Liability Company	
				ansact Business in Florida," Certificate of y company to transact business in Florida
Please	return all corresponder	nce concerning this matter to the	e following:	
	<u> </u>	Jos. 1.	h Blank Controll Name of Person	lor
		MO I LUC	Jha Nogler Nor	<u> </u>
		7647 Main Str	eet Fishers Address	
		Victor, N	14 14564 State and Zip Code	
		E-hail address: (to be use	ordocy con ed for future annual report not	tification)
For fu	rther information conce	rning this matter, please call:		
	Joseph Na	me of Contact Person	at (<u>585</u>) <u>43</u> Area Code Day	13 - 2 8 3 8 rtime Telephone Number
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 323	ions	Division Registrat Clifton B 2661 Exc	of Corporations ion Section suilding ecutive Center Circle see, FL 32301
Enclo	sed is a check for the fo ☐ \$125.00 Filing Fe	•	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MDO II, LLC						
(Name of Fore	eign Limited Liability Co	npany; must include "l	Limited Liability Company,"	"L.L.C.," or "LL	C.")	
Liability Company," "L.L.C,		the purpose of transac	ting business in Florida. The	alternate name m	ust include "	 Limited
2. New York		3.	-2935056			_
(Jurisdiction under the law company is organized)	of which foreign limited	liability	(FEI number, i	f applicable)		
4. May 31, 2016				,		
	(Date first transa (See sections 605.0	cted business in Florid 904 & 605.0905, F.S.	a, if prior to registration.) to determine penalty liability)			
5. 7647 Main Street Fish						
Victor, NY 14564						
	(Street A	Address of Principal Of	fice)		ili Prigor	
6. Same as above		·			<u> </u>	
				,,, , ,,	i i	
		(Mailing Address)		:: ::		1.0
7. Name and street addres	s of Florida registered	agent: (P.O. Boy N	OT acceptable)	€yi enad besas		\$ '
,	John T Smith	ugone: (1:0:00x <u>1:</u>	<u>0.1</u> 1000 pm 510)	***		1 1 6
Name:				<u> </u>	7	E. T.
Office Address:	Condo 2365_5 Bayor	Lane		Annual Market Control of the Control		
	Naples		, Florida 3411	2		
Registered agent's accep		(City)	(Z	(ip code)		
designated in this applica	tion, I hereby accept to ons of all statutes relat	he appointment as re ive to the proper an ed agent	cess for the above stated li egistered agent and agree d complete performance o	to act in this ca	pacity. I fi	urther agree
		(Registered agent's	s signature)			
8. The name, title or capa	acity and address of the	person(s) who has/h	ave authority to manage is	/are:		
John T Smith - Authorize	d Member					
Joseph Blank - Authorize	d Representative					
_			· · · · · · · · · · · · · · · · ·			
	of which it is organized		y authenticated by the offices in a foreign language, a tr			
This document is executed submitted in a document to	i in accordance with sec the Department of Sta	ction 605.0203 (1) (b te constitutes a third), Florida Statutes. I am aw degree felony as provided	vare that any fals for in s.817.155	se informati , F.S.	on
	John T Smith					

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that MDO II, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/21/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of MDO II, LLC was filed on 09/15/2010.

A Biennial Statement was filed 07/23/2012.

A Biennial Statement was filed 05/28/2014.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of April two thousand and sixteen.

Anthony Giardina

Executive Deputy Secretary of State

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