

1-5-95

P950000

Charter Number Only

1570

VALIDATION ONLY

Requestor's Name

Address

City

State

ZIP

Phone

BROW

300001372143
-01/06/95--0104--010
****122.50 ****122.50

CORPORATION(S) NAME

M.D.L.R., INC.

- ☒ Profit
☐ NonProfit
☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☒ Certified Copy
☐ Call When Ready
☒ Walk In
- ☐ Amendment
☐ Dissolution
☐ Annual Report
☐ Reservation
☐ Photo Copies
☐ Call if Problem
☐ Will Wait
- ☐ Merger
☐ Mark
☐ Other
☐ Change of Registered Agent
☐ Certificate Under Seal
☐ After 4:30
☐ Mail Out
- ☐ Pick Up

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

RECEIVED

CERTIFIED COPY

095 664

EMPIRE Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

of

M.D.L.R., INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

M.D.L.R., INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue ONE MILLION shares (1,000,000 no par Dollar(s) - (\$-----) par-value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME <u>Garret T. Thompson</u>		
ADDRESS <u>1541 N. Atlantic</u>		
CITY <u>Fort Lauderdale</u>	FLORIDA	ZIP <u>33304</u>

The principal office, if known, or the mailing address of the corporation is:

NAME <u>M.D.L.R., INC. c/o Garret T. Thompson</u>		
ADDRESS <u>1541 N. Atlantic</u>		
CITY <u>Fort Lauderdale</u>	FLORIDA	ZIP <u>33304</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME <u>Garret T. Thompson</u>		
ADDRESS <u>1541 N. Atlantic</u>		
CITY <u>Fort Lauderdale</u>	STATE <u>Florida</u>	ZIP <u>33304</u>
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME <u>Garret T. Thompson</u>		
ADDRESS <u>1541 N. Atlantic</u>		
CITY <u>Fort Lauderdale</u>	STATE <u>Florida</u>	ZIP <u>33304</u>
NAME <u>Raymond Thompson</u>		
ADDRESS <u>1541 N. Atlantic</u>		
CITY <u>Fort Lauderdale</u>	STATE <u>Florida</u>	ZIP <u>33304</u>
NAME <u>Daniel L. Galvin</u>		
ADDRESS <u>218 Commercial Blvd., Suite 101/208</u>		
CITY <u>Lauderdale-by-the-Sea</u>	STATE <u>Florida</u>	ZIP <u>33308</u>

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 4th day of January, 1995.

[Signature] (Seal)
[Signature] (Seal)
[Signature] (Seal)

STATE OF FLORIDA)
) SS
 COUNTY OF _____)

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that _____ executed these Articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.

NOTARY RUBBER STAMP SEAL

Witness my hand and official seal in the County and State last aforesaid this _____ day of _____, 19____.

Notary Signature

Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

M.D.L.R., INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at ~~XXXX~~ 1541 N. Atlantic, Fort Lauderdale, FL 33304

has named Garret T. Thompson
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Garret T. Thompson
(registered agent)