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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T. CLINE

FEB 15 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MRW Partners, LLLP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Limited Partnership and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Todd Watson
Contact Person

Todd Watson, Attorney at Law, P.L.
Firm/Company

12276 San Joe Boulevard, Suite 721
Address

Jacksonville, FL 32223
City, State and Zip Code

mark.whittle@BAML.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Todd Watson, Attorney at Law at (904) 739-9747
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☑ $1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)
- ☐ $1,008.75 Filing Fees and Certificate of Status
- ☐ $1,052.50 Filing Fees and Certified Copy
- ☐ $1,061.25 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E030 (01/06)

CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

1. MRW Partners, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

2. 8563 Royalwood Drive
(Street address of initial designated office)

Jacksonville, FL 32256

3. Todd Watson, Attorney at Law
(Name of Registered Agent for Service of Process)

4. 12276 San Jose Boulevard, Suite 721
(Florida street address for Registered Agent)

Jacksonville, FL 32223

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5. *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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Signature of Registered Agent

6. 12276 San Jose Boulevard, Suite 721
(Mailing address of initial designated office)

Jacksonville, FL 32223

7. If limited partnership elects to be a limited liability limited partnership; check box ☑

8. Name and business address of each general partner:

Name:	Business Address:
Mark Steven Whittle	8563 Royalwood Drive Jacksonville, FL 32256

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TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 9th day of February, 2012.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

Mark Steven Whittle

Filing Fees: **$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional): **$52.50**
Certificate of Status (optional): **$8.75**