

L03000031745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600022348176

08/21/03--01030--011 **125.00

FILED
2003 AUG 21 PM 1:02
CLERK OF COURTS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 22 2003

FRANK C. AMATEA

LAWYER

(352) 732-4740
FAX (352) 867-5111

500 N. E. EIGHTH AVENUE
OCALA, FLORIDA 34470

August 20, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

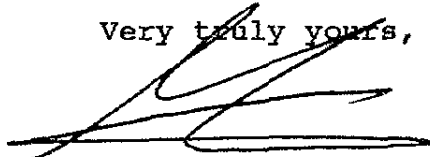
RE: MWP, L.L.C.

Gentlemen:

Enclosed for filing are Articles of Organization for Florida Limited Liability Company, in duplicate, for the subject company together with my check for the \$125.00 filing fee and registered agent fee.

We do not need a certified copy.

Very truly yours,



Frank C. Amatea

FCA:ejm
Enclosures

cc: Mr. Patrick McLaughlin

FILED
2003 AUG 21 PM 1:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MWP, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

511 Mulberry Street

Coleman, FL 33521

Mailing Address:

P. O. Box 1069

Coleman, FL 33521-1069

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Patrick McLaughlin

Name

511 Mulberry Street

Florida street address (P.O. Box **NOT** acceptable)

Coleman FL 33521

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature

(CONTINUED)

FILED
2003 AUG 21 PM 1:02
BILLY J. HARRIS
ALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Patrick McLaughlin

511 Mulberry Street

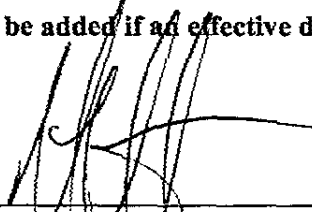
Coleman, FL 33521

Patrick McLaughlin

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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

Patrick McLaughlin

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2003 AUG 21 PM 1:02
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA