

L04000054732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

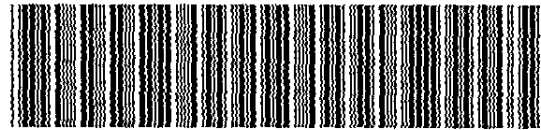
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/22/04--01024--003 **160.00

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04 JUL 22 PM 12:45

SEAL OF THE
TALLAHASSEE, FLORIDA

7/22
[Signature]

July 20, 2004

To Whom It May Concern:

Along with filing fee (\$100) and registering of agent (\$25) we are requesting :


Certified Copy of this LLC Registration (\$30)

and

Certificate of Status (\$5)

Payment fully enclosed. \$160

Regards


Lawrence Morales
MSW Enterprises, LLC

954-205-5279

04 JUL 22 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSW Enterprises, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin P Sebastian
(Name of Person)

MSW Enterprises, LLC
(Firm/Company)

2369 SE 11th St
(Address)

Pompano Beach, FL 33062
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin P Sebastian at (954) 461-0006
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MSW Enterprises, LLC

ARTICLE II - Address:

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

Principal Office Address:

2369 SE 11th St

Pompano Beach, FL 33062

Mailing Address:

2369 SE 11th St

Pompano Beach, FL 33062

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

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

Robert N Hartsell, esq.

Name

2407 SE 14th Street

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

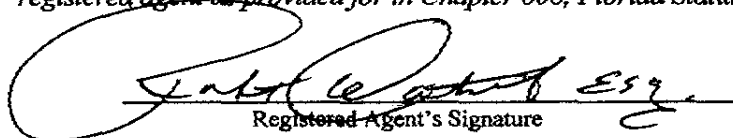
Pompano Beach, FL 33062

FLORIDA

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Florida Statutes..


Registered Agent's Signature

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:

Lawrence Morales, MGRM

2300 SE 14th Street
Pompano Beach, FL 33062

Kevin Sebastian, MGRM

2369 Se 11th
Pompano Beach, FL 33062

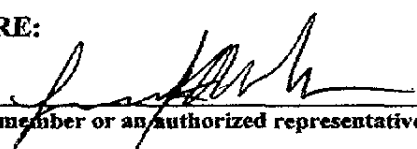
Sean Washington, MGRM

2369 Se 11th
Pompano Beach, FL 33062

(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.)

Lawrence Morales
Typed or printed name of signer

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)

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