

Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

EVISION OF CORPORATION

Account Name : PYLE & DELLINGER, PL.

Account Number : 120000000053 Phone : (386)615-9007 Fax Number : (386)676-2615

LIMITED LIABILITY COMPANY

MLSWTS, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION OF MLSWTS, LLC

SEP 29 MI 9: 38

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby executes the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is MLSWTS, LLC.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is 2301 E. Lake Hartridge Drive, Winter Haven, Florida 33881.

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is **Taylor Spaiding**, **2301 E. Lake Hartridge Drive**, **Winter Haven**, **Florida 33881**.

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(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

TAYLOR SPALDING, Registered Agent

2005 SEP 29 AM 9: 38