

L06000090450

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000227113 3)))



H060002271133ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

06 SEP 14 PM 3:36

DIVISION OF CORPORATIONS

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LSM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 14 AM 10:57

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

mwb llc

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |



September 14, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: MWB LLC
REF: W06000040449

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 243-6851.

Gina McLeod
Document Specialist

FAX Aud. #: H06000227113
Letter Number: 506A00055370

P.O BOX 6327 - Tallahassee, Florida 32314

H000000227113

③

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MWB LLC

ARTICLE II - Address:

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

Principal Office Address:

3370 NE 190st
Suite 3815
Aventura, FL 33180

Mailing Address:

3370 NE 190st #3815
Aventura, FL 33180

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

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

Klara Shvartsman
Name
8443 Sawpine rd.
Florida street address (P.O. Box **NOT** acceptable)
Delray beach, FL 33446
City, State, and Zip

FILED
06 SEP 14 AM 10:58
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, F.S.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H000000227113

HOWARD 1113

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

MGRM

MGRM

MGRM

Name and Address:

Michael Shvartsman

8443 Sawpine Rd
Delray Beach, Fl 33446

Gerald Shvartsman

8443 SAWPINE rd.
Delray beach, FL 33446

Eric Hannelius

82 Seaborn Rd
Yarmouth, ME 04096

(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.)

Michael Shwartsman
Typed or printed name of signer

Typed or printed name of signer

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

4000027113