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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT. MWE	INVESTMENTS, L	LC.	
SUBJECT:		l Liability Company)	
The enclosed Articles of	FOrganization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Marco A.	Palermo		
	(1	Name of Person)	
MWE INV	ESTMENTS, LLO) .	
		Firm/Company)	
7002 HIA	WASSEE OVER	RLOOK DRIVE	
		(Address)	
ORLAND	O, FL 32835		
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
ELLIOT JAMIS	ON	at (321) 217-31	36
(Name	of Person)	(Area Code & Daytime To	
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
MWE INVESTMENTS, LLC.		
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
MWE INVESTMENTS, LLC.	MWE INVESTMENTS, LLC.	
7002 HIAWASSEE OVERLOOK DRIVE	7002 HIAWASSEE OVERLOOK DRIVE	
ORLANDO,FLORIDA 32835	ORLANDO, FLORIDA 32835	
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	_
The name and the Florida street address of	the registered agent are:	

MARCO A. PALERMO

Name

7002 HIAWASSEE OVERLOOK DRIVE

Florida street address (P.O. Box <u>NOT</u> acceptable)

ORLANDO FL 32835
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGRM"	ELLIOT JAMISON
	13918 FOX GLOVE STREET
	WINTER GARDEN, FLORIDA 34787
"MGRM"	MARCO A. PALERMO
	7002 HIAWASSE OVERLOOK DRIVE
	ORLANDO,FL 32835
"MGRM"	WILLIAM E. BLAND
	6425 AGASTIA COURT #105
	ORLANDO, FLORIDA 32835
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: (OPTIONAL)
effective date is listed, the date must 0 days after the date of filing.)	be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Ma	L Sol

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.)

MARCO A PALERMO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)