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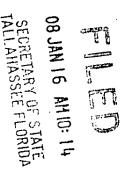
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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: MWC INTERNATION AL 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:		
(Name of Person)		
(Firm/Company)		
13748 D.W. 118th terrace (Address)		
City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (305) 448-7716 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		



December 27, 2007

JONATHON BOOS 13748 S.W. 118TH TERRACE MIAMI, FL 33186

SUBJECT: MWC INTERNATIONAL, LLC

Ref. Number: W07000062105

We have received your document for MWC INTERNATIONAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received in our office on 12/24/07.

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) 245-6067.

Letter Number: 707A00071703

Neysa Culligan Document Specialist

Division of Corporations DO ROY 6397 Tallahassaa Florida 39314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13748 S.W. 118th tomas. Mani, 5h 33186	13748 J.W. 118th terrace
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the Name and the Name and the Florida street address of the Name and the Nam	onnor ARR 7
Florida street	t address (P.O. Box NOT acceptable) FL 33/86 ate, and Zip
City, Sta	ate, and Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

REQUIRED SIGNATURE:

Signature of a member or an amhorized 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.)

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)