# L08000046074

(Re	equestor's Name)	
(Δο	ldress)	
(^0	iuless)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<b>∌</b> #)
PICK-UP	MAIT	MAIL
·		
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
,	·	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



400128288994

05/07/08--01029--008 \*\*125.00



PILED

SECRETARY OF STATE

ALLAHASSEF FESTATE

B. KOHR

MAY 8 2008

**EXAMINER** 

#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAW, LCC	
111100/00	
	2.0 %
	三
	Art of Inc. File
	Art of Inc. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signatura	Fictitious Owner Search
Signature	Vehiclé Search
	Driving Record
Requested by: $\frac{5/7}{\text{Name}}$ Date Time	UCC 1 or 3 File
	UCC 11 Search
	UCC 11 Retrieval



May 7, 2008

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: MAW, LLC

Ref. Number: W08000022950





We have received your document for MAW, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr Regulatory Specialist II



Letter Number: 408A00029282



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

#### ARTICLE I NAME

The name of this Company shall be:

MKW HOLDINGS, LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 9219 PATTERSON STREET WEST, TAMPA, FLORIDA 33615.

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

PATRICK M. O'CONNOR, ESQUIRE O'CONNOR & ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FLORIDA 33771

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.

O'CONNOR & ASSOCIATES

By:

Patrick M. O'Connor, Registered Agent

SAMA T MIO.

### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.

PATRICK M. O'CONNOR

(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.)

## ARTICLE V MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

MGRM

MICHAEL F. WILLIAMS

9219 PATTERSON STREET WEST

TAMPA, FLORIDA 33615