

L10600084753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

S. HAWKES  
AUG 12 2010  
EXAMINER



200182812772

07/12/10--01043--003 \*\*125.00

FILED  
10 AUG 11 PM 3:36  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
~~JUL 28 2010~~  
EXAMINER

S. HAWKES  
JUL 13 2010  
EXAMINER

W10-33214



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2010

MATTHEW SCREWS  
14121 NW 182ND LANE  
WILLISTON, FL 32696

SUBJECT: MS ENTERPRISES LLC  
Ref. Number: W10000033214

We have received your document for MS ENTERPRISES 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):

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 910A00018252



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2010

MATTHEW SCREWS  
14121 NW 182ND LANE  
WILLISTON, FL 32696

SUBJECT: MS ENTERPRISES LLC  
Ref. Number: W10000033214

We have received your document for MS ENTERPRISES 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):

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 910A00017165

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MS Enterprises 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:

Matthew Screws  
Name of Person

Firm/Company

14121 NW 182nd Lane  
Address

Williston, FL 32696  
City/State and Zip Code

mls5654@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Screws at (352) 317-4756  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ML Screws LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

14121 NW 182<sup>nd</sup> Lane  
Williston, FL 32696

#### Mailing Address:

14121 NW 182<sup>nd</sup> Lane  
Williston, FL 32696

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Matthew Screws

Name

14121 NW 182<sup>nd</sup> Lane

Florida street address (P.O. Box **NOT** acceptable)

Williston, FL 32696

City, State, and Zip

FILED  
10 AUG 11 PM 3:36  
CLERK 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..*

Matthew Screws

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGR

**Name and Address:**

Matthew Screws

14121 NW 18<sup>th</sup> Lane

Williston, FL 32696

FILED  
10 AUG 11 PM 3:36  
CLERK OF STATE  
TALLAHASSEE  
FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Matthew Screws

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.)

Matthew Screws

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)**