

#L14000191917

(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



000265730710

12/17/14--01008--020 **160.00

EFFECTIVE DATE
12-17-2014

NOT ENTERED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

284 DEC 17 PM 1:31

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 17 PM 1:39

APPROVED
AND
FILED

K. GARY
EXAMINER

DEC 17 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MDW. Investment Group L.L.C.
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:

Martalius Williams
Name of Person

Firm/Company

308 Vantage Point Lane APT 42
Address

Tallahassee, FL 32301
City/State and Zip Code

telles.dwill@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martalius Williams at (850) 274-2940
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

M. D. W. Investment Group LLC.

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

EFFECTIVE DATE
12-17-2014

ARTICLE II - Address:

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

Principal Office Address:

308 Vantage Point Lane APT 42
Tallahassee, FL 32301

Mailing Address:

308 Vantage Point Lane
Tallahassee, FL 32301

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:

Kelly Marsh

Name

2405 Atlas Rd APT 2

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

Tallahassee,

FL

32303

City

Zip

RECEIVED
14 DEC 17 PM 1:39
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

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 605, F.S..

Kelly Marsh
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

Martalius Williams
308 Vantage Point Ln. #42
1411 Alhambra, FL 32301

MARTALIUS WILLIAMS
308 Vantage Point Ln. #42
1411 Alhambra, FL 32301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-17-14 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Martalius Williams

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Martalius Williams

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)

RECEIVED
FILED
14 DEC 17 PM 1:39
TALLAHASSEE, FLORIDA