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JUN 0 9 2017

T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: 12000000	0195
REFERENCE		4310149
AUTHORIZATION	Spelle	man
COST LIMIT	: \$ 125.00	

ORDER DATE : June 8, 2017

ORDER TIME : 12:06 PM

ORDER NO. : 675762-005

CUSTOMER NO: 4310149

DOMESTIC FILING

NAME: MCWK INVESTMENTS LLC

EFFECTIVE DATE:

	ARTICLES OF	INCORPORATION
	CERTIFICATE	OF LIMITED PARTNERSHIP
XX	ARTICLES OF	ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	MCWK Investments LLC	
_	(Must contain 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:	Mailing Address:
2361 Golf Brook Drive	2361 Golf Brook Drive
Wellington, FL 33414	Wellington, FL 33414

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:

Michael Futterman		
	Name	
2361 Golf Brook Dr	ive	
Florida street addres	is (P.O. Box <u>NOT</u> a	cceptable)
Wellington	FL	33414
City	State	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 605, F.S.

Michael Futtorman Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	See attached list.	

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any. None

REQUIRED SIGN ATURE:

Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

1 -9 PH 3:26

Michael Futterman, Manager 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)

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ATTACHMENT TO ARTICLES OF ORGANIZATION MCWK INVESTMENTS LLC ARTICLE IV

Title	Name and Address
MGR	Michael Futterman 2361 Golf Brook Drive Wellington, FL 33414
AMBR	Michael Futterman 2361 Golf Brook Drive Wellington, FL 33414
AMBR	Cornelia Futterman 2361 Golf Brook Drive Wellington, FL 33414

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