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Articles of Organization for MWIC FL, LLC, a Florida limited liability company

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 605, Florida Statutes, the Florida Revised Limited Liability Company Act, does hereby adopt the following Articles of Organization for such company:

ARTICLE I

<u>Name</u>

The name of this company shall be MWIC FL, LLC.

ARTICLE II Duration

The term of existence of the company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III

Mailing Address

The mailing address of the principal office of this company is 2411 Berkshire Drive, Winter Haven, FL 33884. The street address of the principal office of this company is 2411 Berkshire Drive, Winter Haven, Florida 33884.

ARTICLE IV Registered Agent and Office

The name and street address of this company's initial registered agent for service of process in this state are as follows: M. David Alexander, 242 West Central Avenue, Winter Haven, Florida 33880.

ARTICLE V Management

The company is to be a member managed company.

ARTICLE VI Operating Agreement of Company

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The power to adopt, alter, amend or repeal the Operating Agreement of the company shall be vested in the members.

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Article VII Name and Address of Persons Authorized to Manage and Control the Company

The name and address of each person authorized to manage and control the Company are as follows:

<u>Title:</u> Manager Name and Address: Lauren M. Donalson P.O. Drawer 7608 Winter Haven, Florida 33883-7608

IN WITNESS WHEREOF, the undersigned, an authorized representative of the company, has hereunto set his hand and seal this 7 day of September, 2018.

mabor auren M. Donalson

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STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent for MWIC FL, LLC and to accept service of process for the company, 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 in Chapter 605, Florida Statutes.

M. David Alexander

STATE OF FLORIDA COUNTY OF POLK

Sworn to (or affinned) and subscribed before me this 7 day of September, 2018, by M. David Alexander.

JULIA S. ADDLEMAN Notary Public, State of Florida By comm, expires July 29, 2019 Commission Number GG 101111

Signafure of Notary Public

Julia S. Addleman

Printed, typed, or stamped commissioned Name of Notary Public

Personally known X or produced identification ____. Type of identification produced: _____

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