

**L2000012356**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
 Fax Number : (850)617-6381

**From:**

Account Name : TAX CARE DORAL  
 Account Number : I20190000008  
 Phone : (786)845-8854  
 Fax Number : (321)473-3052

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jessica.torres@taxcareinc.com

2020 MAY -8 PM 4:06

**FLORIDA LIMITED LIABILITY CO.  
 MWD ENTERPRISES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 MAY -8 PM 2:21  
 FILED  
 TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** MWD 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:

JESSICA TORRES

Name of Person

TAX CARE DORAL

Firm/Company

1400 NW 107TH AVE

Address

SWEETWATER FL 33172

City/State and Zip Code

jessica.torres@taxcareinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSICA TORRES

786

878-0957

at ( )

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MWD ENTERPRISES 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:**

1400 NW 107TH AVE STE 203  
SWEETWATER FL 33172

1400 NW 107TH AVE STE 203  
SWEETWATER FL 33172

**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:

GABRIEL HATEM

Name

1400 NW 107TH AVE STE 203

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

SWEETWATER

FL

33172

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..*

  
\_\_\_\_\_  
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

**Name and Address:**

AMBR

MIGUEL MOUAWAD  
1 COLLINS AVE APT 401  
MIAMI BEACH FL 33139

MGR

GABRIEL HATEM  
400 ALTON RD UNIT 1207  
MIAMI BEACH FL 33139

MGR

LEONARDO CHIOFALO  
1555 N TREASURE DR APT 208  
NORTH BAY VILLAGE FL 33141

(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.

**REQUIRED SIGNATURE:**



**Signature of a member or 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.

GABRIEL HATEM

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)

FILED  
TALLAHASSEE FL 32302

2020 MAY -8 PM 2:21