

L260000217283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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(Business Entity Name)

(Document Number)

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07/29/20--01004--015 \*\*225.1

FILED  
2020 JUL 29 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2020 JUL 29 AM 10:00  
STATE OF FLORIDA  
TALLAHASSEE

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MWT solutions 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:

Maiketa Terrell  
Name of Person

MWT solutions LLC  
Firm/Company

220 Government Ave Suite 5  
Address

Niceville FL 32576  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maiketa Terrell at 850 240 17602  
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

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MWT Solutions 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:220 Government Ave  
Suite 5  
Niceville FL 32578same

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Maiketa Terrell

Name

220 Government Ave. Ste. #5Florida street address (P.O. Box NOT acceptable)Niceville FL 32578

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.

M. Terrell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2020 JUL 29 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Address:

Maiketa Terrell  
2225 Gwynn Road #5  
Niceville FL 32578

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/29/2020 (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 on the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

M Terrell

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.

Maiketa Terrell

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)