

11/5/2020

Division of Corporations

Submitted

**L2000342024**

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.tones@taxcareinc.com

FLORIDA LIMITED LIABILITY CO.

~~GALILEO GROUP LLC~~ MWD Business Solutions

LLC

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NOV 09 2020

T. SCOTT

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2020 NOV -6 AM 9:32  
STATE OF FLORIDA



November 6, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TAX CARE DORAL

SUBJECT: GALILEO GROUP LLC  
REF: W20000128188

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline  
Regulatory Specialist II Supervisor

FAX Aud. #: H20000384617  
Letter Number: 720A00022256

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~GALILEO GROUP LLC~~ MWD Business 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:

JESSICA TORRES

Name of Person

TAX CARE CELEBRATION

Firm/Company

1400 NW 107TH AVE STE 203

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

845-8854

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:

~~GALILEO GROUP LLC~~ MWD Business 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:

1400 NW 107TH AVE STE 203  
SWEETWATER FL 33172

Mailing Address:

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:

TAX CARE DORAL

Name

1400 NW 107TH AVE STE 203

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

<u>SWEETATER</u>	<u>FL</u>	<u>33172</u>
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.*

q. l. l. e. m.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE  
OF 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

**Name and Address:**

MGR/MEMBER

GABRIEL E HATEM  
1400 NW 107TH AVE STE 203  
SWEETWATER FL 33172

MGR/MEMBER

LILLIE PENA  
1400 NW 107TH AVE STE 203  
SWEETWATER FL 33172

(Use attachment if necessary)

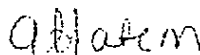
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 E HATEM

Typed or printed name of signer

**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)