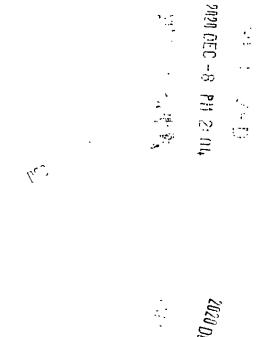
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* COVER LETTER *

	New Filing Sec Division of Co		•					
SUBJEC	MWP4526 LLC							
SUBJEC	Name of Limited Liability Company							
The enclo	sed Articles of	Organization and fee(s) are submitte	d for filing.				
Please ret	urn all corresp	ondence concerning this	s matter to the	following:				
	Pathmanath	DeSilva						
			Name c	of Person				
	Firm/Company 1936 Bruce B. Downs Blvd, Suite 176 Address							
	Wesley Cha	pel. FL 33544						
	Phil.Desilva@	vzerco.com	City/State a	nd Zip Code				
		E-mail address: (to be u	sed for future	annual report notificat	ion)			
For further	information co	ncerning this matter, pl	ease call:					
	Andrew Flock		813	251-2701				
	Name of Person		Area Code	Daytime Telephon	ephone Number			
Enclosed	is a check for t	he following amount:						
■\$125.00 Filing Fee □\$130.00 Filing		Ť	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 Di The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MWP4526 LLC			2. 2882 .		
	tain the words "Limited	Liability Company	v. "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limite	ed Liability Company is:		
Princip	oal Office Address:		Mailing Address: 1936 Brace B. Downs Blvd		
1936 Bruce B. Dowr	ns Blvd				
Suite 176			ite 176		
Wesley Chapel, FL 3	33544	<u>W</u>	esley Chapel, FL 33544		
DeWitt Law Firm, PA Name					
	607 W. Bay Street				
	Florida street addres	ss (P.O. Box <u>NOT</u>	acceptable)	ω	
	Tampa	FL	33606		
	City	State	Zip		
	agent and to accent serv		he above stated limited liability compored agent and agree to act in this cap		

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	21
Ü	nd dng?
MGR	Pathmanath DeSilva 1936 Bruce B. Downs Blvd, Suite 176
	Wesley Chapel, FL 33544
	
ICLE V: Effective date, if other tha	in the date of filing: (OPTIONAL)
i effective date is listed, the date m ate of filing.)	ust be specific and cannot be more than five business days prior to or 90 days after
	does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the De	
ocument serieure date withe the	partition of oute s records.
CLE VI: Other provisions, if any.	
	<u> </u>
DESTINCT OUT OFFI	
REQUIRED SIGNATURE:	
	to Dalla
Signatur	re of a member or an authorized representative of a member.
This document	t is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	t any false information submitted in a document to the Department of State
constitutes a th	aird degree felony as provided for in s.817.155, F.S.
Dathma	north Durrillon
<u>rainmai</u>	nath DeSilva Typed or printed name of signee
	- Maria at Maria at Monas

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)