Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

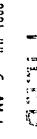
Account Number : 120160000017

Phone : (855)498-5500 Fax Number : (800)432-3622

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

FLORIDA LIMITED LIABILITY CO. **MVW MAINTENANCE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00



TO:

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COVER LETTER

TO: New Filing Division of	Section Corporations
SUBJECT:	MVW Maintenance LLC
	Name of Limited Liability Company
The enclosed Article	es of Organization and fee(s) are submitted for filing.
Please return all con	respondence concerning this matter to the following:
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
	ben@axslawgroup.com
	E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
	at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
□\$125.00 Filing F	ce □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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 Liabil	ity Company is:		
	MVW Maintenand	e LLC	
(Must con	tain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street:	address of the principal o	office of the Limited	Liability Company is:
Princh	oal Office Address:		Mailing Address:
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	gent, Registered Office, y cannot scrve as its own active Florida registration	n Registered Agent. on.)	nt's Signature: You must designate an individual or
The mana and the Fields offer	AXS I AW GE	J	
	AXS LAW GE	Name	
	2121 NW 2ND	AVE SUITE 201	
	Florida street addres	ss (P.O. Box <u>NOT</u> :	acceptable)
	MIAMI	FL	33127
	City	State	Zin

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..

/s/ Benjamin Wolkov

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 JUL -6 AM 4: 02 SECRETARY OF STATE

\$ 5.00 Certificate of Status (Optional)

		Name and Address:
AMBR" = Au	thorized Member	
MGR" = Man	age _T	
MGR		MVWM LLC
		7338 NW MIAMI COURT
		MIAMI, FL 33150
tive date is lk filing.)	sted, the date must be s	
tive date is li- filing.) he date inserte ent's effective	sted, the date must be s	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not
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SECRETARY OF STATE
TALL AHASSES TATE