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NAME: MEWT, LLC

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TO:	New Filing Sec Division of Co					
SUBJE	MEWT, L	rc				
SOBOL		Name of L	imited Liabili	y Company		
The enc	losed Articles of	Organization and fee(s)	are submitted	for filing.		
Please re	etum all correspo	ondence concerning this	matter to the fo	llowing:		
	David R. Ph	illips, Esq.				
			Name of	Person		
	Phillips, Hay	yden & Labbee, LLP				
			Firm/Cor	npany		
	19321 US Highway 19 North, Suite 301					
Address						
	Clearwater,	FL 33764				
			City/State and	Zip Code		
	tyler@phlfirr					
	1	E-mail address: (to be us	ed for future a	mual report notificat	ion)	
For furthe	er information co	oncerning this matter, plea	ase call:			
	David R. Phillips, Esq.		727	300-1399		
	Name of Person		Area Code	Daytime Telephon	e Number	
Enclose	d is a check for t	the following amount:				
■\$ 125	.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certific	.00 Filing Fee & d Copy l 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JAN 19 PM 2: 29

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:		SECRETARY OF STATE FALLAHASSEE, FL			
MEWT, LLC						
(Must conta	in the words "Limited	Liability Compa	iny, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the principal	office of the Lim	ited Liability Company is:			
Principa	l Office Address:		Mailing Ad	dress:		
St. Petersburg, FL 33701			150 2nd Avenue North, Sui St. Petersburg, FL 33701	ite 1510		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow	n Registered Age		individual or		
The name and the Florida street a	ddress of the registere	d agent are:				
David R. Phillips, Esq.						
Name						
19321 US Highway 19 North, Suite 301						
Florida street address (P.O. Box NOT acceptable)						
	Clearwater	FL	33764			
	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)

Title:	Name and Address:
"AMBR" = Authorized M	ember
"MGR" = Manager	
MGR	Tyler A. Hayden
	150 2nd Avenue North, Suite 1510
	St. Petersburg, FL 33701
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	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
	OF PH
	——————————————————————————————————————
	——————————————————————————————————————
	ТЕ 9
(Use attachment if necessa	urv)
	er than the date of filing: (OPTIONAL)
ne date of filing.)	ock does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
RTICLE VI: Other provisions, if a	ıny.
<u>. </u>	
REQUIRED SIGNATUL	RE:
	nature of a member or an authorized representative of a member.
This docu	ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am awar	e that any false information submitted in a document to the Department of State
constitute	s a third degree felony as provided for in s.817.155, F.S.
D-	wid D. Dhilling Rea
<u>Da</u>	vid R. Phillips, Esq. Typed or printed name of signee
	Typed of printed matter of signed
	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)

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

ARTICLE IV-