## L23000a03677

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 120000000195
REFERENCE : 6926827777112 HO
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE : April 21, 2023
ORDER TIME : 9:16 AM
ORDER NO. : 692682-005
CUSTOMER NO: 7977112
DOMESTIC FILING
NAME: MWJ PROPRTIES LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP  XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson - EXT.
EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

## **COVER LETTER**

TO:	New Filing Se Division of Co				
SUBJE	MWJ Prop	perties LLC			
SUBJE	sc1:	Nar	ne of Limited	Liability Company	<del></del>
The en	closed Articles o	f Organization and	fee(s) are sub	nitted for filing.	
Please	return all corresp	ondence concernin	g this matter to	o the following:	
	Morgan Hil	а			
	<del></del>		Na	me of Person	
	Woods, We	idenmiller, Michet	ti & Rudnick,	LLP	
			Fi	m/Company	
	9045 Strada	Stell Court, 4th Fl	oor		
				Address	<u> </u>
	Naples/FL 3	14109			
			City/St	ate and Zip Code	
		rmnaples.com			<del></del>
		E-mail address: (to	be used for fu	ture annual report notifica	ition)
For furthe	er information co	ncerning this matte	r, please call:		
	Morgan Hila		239 at (	325-4070	
	Nam	ne of Person	Area Co	Daytime Telepho	one Number
Enclose	d is a check for t	he following amou	nt;		
■\$125	.00 Filing Fee	□\$130.00 Filing Certificate of St	atus C	3\$155.00 Filing Fee & ertified Copy litional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address New Filing Section I	Division
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallal	nassee	
			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 Liab	ility Company is:					
MWJ Properties L						
(Must co	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and stree	t address of the principal	office of the Limited	Liability Company is:			
<u>Princ</u>	ipal Office Address:		Mailing Address:			
2501 Kennelly Pla			Kennelly Place			
Burnsville, MN 55	337	Burn	nsville, MN 55337			
(The Limited Liability Compa another business entity with a The name and the Florida street	n active Florida registration active Florida registere	on.) d agent are:		17 15 15 15	2023 APR 24	
	WWMR Statutory A	Name			==	
	Name			ز ب اسبد	PH 12: 2	₹,
9045 Strada Stell Court, 4th Floor Florida street address (P.O. Box NOT acceptable)			•	27		
	riorida street addres	is (P.O. Box <u>NOT</u> a	ссертавте)	. ,		
	Naples	FL	34109			
	City	State	Zip			
Having been named as registered place designated in this certificat further agree to comply with the am familiar with and accept the d	te, I hereby accept the app provisions of all statutes r obligations of my position	ointment as registere elating to the proper	rd agent and agree to act in thi and complete performance of is provided for in Chapter 605,	s capacity. 1 my duties, and I		
		//				

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4 . . .

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

<b>Title:</b> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Jeffrey Augustine Gleason 2501 Kennelly Place Burnsville, MN 55337	
MGR	Kathleen Marie Gleason 2501 Kennelly Place Burnsville, MN 55337	23 APR 24
· ·		PH 12: 2
(Use attachment if necessary)		
(If an effective date is listed, the date must be the date of filing.)		s prior to or 90 days after
This 660 ment is exe I am aware that any fa	member of an authorized representative of a member of an authorized representative of a member of a accordance with section 605.0203 (1) (b), Flouise information submitted in a document to the Departure felony as provided for in s.817.155, F.S.	orida Statutes.

Filing Fccs:

Jeffrey Augustine Gleason
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)