

P22000008744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

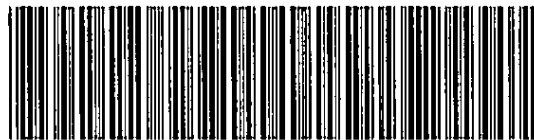
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000160767

Office Use Only



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2022 FEB -7 AM 7:21
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SECRETARY

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MLMW, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CONNIS O. BROWN III

Name (Printed or typed)

150 N FEDERAL HIGHWAY, STE. 200

Address

FORT LAUDERDALE, FL 33301

City, State & Zip

(954) 832-9400

Daytime Telephone number

CBROWN@BROWNROBERT.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MLMW, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

150 N FEDERAL HWY, STE. 200

FORT LAUDERDALE, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GREG MICHELIER Name and Title: P.S.D

Address MARBELLA SHORE Address: _____
WEST BAY STREET
NASSAU, NEW PROVIDENCE, BAHAMAS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY'S OFFICE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CONNIS O. BROWN III
Address: 150 N FEDERAL HWY, STE. 200
FORT LAUDERDALE, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAG, LTD.
Address: MARBELLA SHORE
WEST BAY STREET
NASSAU, NEW PROVIDENCE, BAHAMAS

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

CONNIS O. BROWN III

Required Signature/Registered Agent

1/26/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

GREGORY MICHELIER, PRESIDENT, MAG LTD

Required Signature/Incorporator

01/31/2022

Date

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GEORGIA DEPT OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2021

CONNIS O. BROWN III
150 FEDERAL HWY STE 200
FORT LAUDERDALE, FL 33301

SUBJECT: MLMW, INC.
Ref. Number: W21000160767

We have received your document for MLMW, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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.

Karen Lovelace
Regulatory Specialist II

Letter Number: 821A00030841

RECEIVED

62:0 RM 1-333202

SECRETARY OF STATE
TALLAHASSEE, FL

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FEB 10 2022