OFFICE USE ONLY (Document #)

LAZ <u>ARUS</u>	CORPORATE	<u>FILING</u>	SERVICE
	(Deminator's Maria)		

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

0000035311802 -01/10/0101015023
****155.00 ****155.00

OFFICE USE ONLY

CORPORATION NAME(S) & D	OCUMENT NUMBER(S) (if known):	
1. MJM ENTER	PRISES, L.C.	
2. (Corporation Name)	(Document #)	<u> </u>
3. (Corporation Name)	(Document #)	
4. (Corporation Name) Walk in Pick up time Mail out Will wait	Certified Copy Photocopy Certificate of Status	OI JAN 10 PH
Profit NonProfit	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent	PH 12: 21 EF FLORIDA
Limited Liability Domestication	Dissolution/Withdrawal	DV
Other FILNGS	Merger REGISTRATION/	OI JAN I

OTHER FILNGS
Annual Repolit
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark .
Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MJM ENTERPRISES, L.C.

17183 NW 13 St.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

The mailing address and street address of the principal office of the Limited Liability Company is:

Pembroke Pine, FL 33028

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The name and the Florida street address of	mo register -8.
Veriz	MARKHAM-MACHADO NOW 13 St.
	Name
17183 1	11 (B.O. Poy NOT acceptable)
Florida street a PmbRok e	address (P.O. Box NOT acceptable) PINE S FL 33028
<u> COBERRAL</u>	City, State, and Zip
liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete perform obligations of my position as registered age	Registered Agent's Signature
therefore, a manager - managed company	ıy.
(An additional article m	ust be added if an effective date is requested)
Signature at a member	or an authorized representative of a member.
(In accordance with second this document constituted that the facts stated here	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
YOKI Z 1/1	Ped or printed name of signee ARKHAM — MACHADO . ARKHAM — MACHAD
	Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent
,	\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)