

W03000044649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

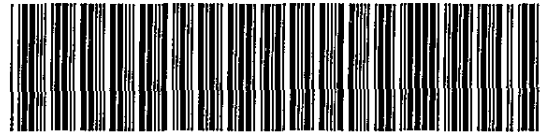
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

11/10 FL LC

Office Use Only



700024485567

11/10/03--01034--010 \*\*125.00

MJM

FILED

03 NOV 10 PM 5:21

STATE OF FLORIDA  
TALLAHASSEE

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M.A.J. PROPERTIES, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NINA GRAVES  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

7194 CATALINA ISLE DR.  
(Address)

LAKE WORTH, FL. 33467  
(City/State and Zip Code)

For further information concerning this matter, please call:

NINA GRAVES at (561) 963-4135  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: M.A.J. PROPERTIES, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

7194 CATALINA ISLE DR  
LAKE WORTH, FL 33467

**Mailing Address:**

7194 CATALINA ISLE DR  
LAKE WORTH, FL 33467

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

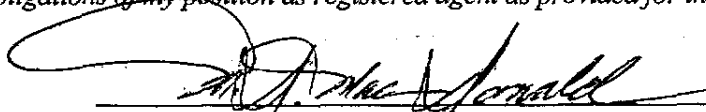
The name and the Florida street address of the registered agent are:

Michael D. MacDonald  
Name

2300 Palm Beach Lakes Blvd, Suite 217  
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach, FL 33409  
City, State, and 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 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

FILED  
03 NOV 10 PM 5:21  
SUNSHINE STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MGRM

**Name and Address:**

NINA GRAVES  
7194 CATALINA ISLE DR.  
LAKE WORTH, FL 33467

JERRY L. GRAVES II  
7194 CATALINA ISLE DR.  
LAKE WORTH, FL 33467

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NINA GRAVES

Typed or printed name of signee

**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)