

L05-000012875

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2005 FEB -7 A 1:05

(Requestor's Name) SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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(Business Entity Name)

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

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2005 FEB -7 A 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 19, 2005

MAMIE A. JONES  
3620 LAKE LAWNE AVE.  
ORLANDO, FL 32808

SUBJECT: MAJ CONSULTING SERVICES  
Ref. Number: W05000002915

We have received your document for MAJ CONSULTING SERVICES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 705A00003549

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

**FILED**

SUBJECT: MAJ CONSULTING SERVICES  
(Name of Limited Liability Company)

2005 FEB -7 A 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Mamie A. Jones

(Name of Person)

MAJ CONSULTING SERVICES

(Firm/Company)

3620 Lake Lawne Ave.

(Address)

Orlando, FL 32808

(City/State and Zip Code)

For further information concerning this matter, please call:

Mamie A. Jones

(Name of Person)

at ( 407 ) 295-1803

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**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

**FILED**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2005 FEB -7 A 3: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAJ Consulting Services, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

3620 Lake Lawne Ave  
Orlando, FL 32808

Same

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

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

Mamie A. Jones

Name

3620 Lake Lawne Ave.

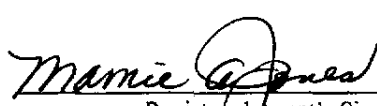
Florida street address (P.O. Box **NOT** acceptable)

Orlando, 32802

FL

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)

**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

**Name and Address:**

MGR

Mamie A. Jones

3620 Lake Lawne Ave.

Orlando, FL 32808

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2005 FEB -7 A 3:05

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Mamie A. Jones  
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.)

Mamie A. Jones  
Typed or printed name of signee

**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)**