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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR 27 2015

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJSH Professional Properties, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Dr. Stephen N. Sturn
(Name of Person)

(Firm/Company)

1864 N. Alafaya Tr., Suite B
(Address)

Orlando, FL 32826
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dr. Stephen N. Sturn at (407) 384-1414
(Name of Person) (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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

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

ARTICLE I: NAME

The Name of the Limited Liability Company is:
MJSH Professional Properties, LLC

ARTICLE II: ADDRESS

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

Principal Office Address:

1864 N. Alafaya Tr., Suite B
Orlando, FL 32826

Mailing Address:

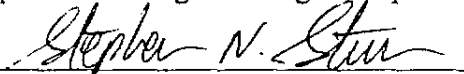
1864 N. Alafaya Tr., Suite B
Orlando, FL 32826

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

Stephen N. Sturn
1864 N. Alafaya Tr., Suite B
Orlando, FL 32826

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 positions as registered agent as provided for in Chapter 608, F.S.


Stephen N. Sturn, Registered Agent

ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)

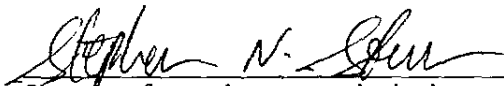
The name and address of each Manager(MGR) or Managing Member(MGRM) is as follows:

MGRM	Stephen N. Sturn 1864 N. Alafaya Tr., Suite B Orlando, FL 32826
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MGRM

Hazel-Ann David
1864 N. Alafaya Tr., Suite B
Orlando, FL 32826



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.)

Stephen N. Sturn, Managing Member

Typed or printed name of signee

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