# L05000074182

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DIVISION OF CORPORATIONS
OS. NIL 28 PM 1: 37

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MJH Develope (Name of Limited Liab	ueut pility Company)
The enclosed Articles of Organization and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to the	ne following:
Mark James	Holleybeck of Person)
MJH Dev	e opent
Tequesta F	Suite 208   dress)     <u>33469</u>   und Zip Code)
For further information concerning this matter, please call:	
Mark James Hollenbeckate (Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$155.00 Filing Fee &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32399

- Tallahassee, Florida 32314



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 21, 2005

MARK JAMES HOLLENBECK 222 US HWY 1 SUITE 208 TEQUESTA, FL 33469

SUBJECT: MJH DEVELOPMENT Ref. Number: W05000034722

We have received your document for MJH DEVELOPMENT 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6067.

Letter Number: 705A00047768

Neysa Culligan Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

MJH Development, LLC

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
775 Hwy 1	227 US Hwy 1
Ste 208	5+4 208
Tequesta, FL 33469	Teguesta, FL 33469

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

The name and the F	lorida street address of the registered agent are:  Mark Hollenbeck	20 1	BIVISION
	Name	<i>∑</i> =	<b>₹</b> ₩
	222 US Hwy 1, Ste 208	28	
•	Florida street address (P.O. Box NOT acceptable)	3	골 공유 단
	Tequesta, FL 33469	•••	STA1
•	City, State, and Zip	37	SNO E

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:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Mask James Hollenb 202 US Hwy 1, Ste Tequesta, Fl 3346	208 208	
		<del></del>	
(Use attachment if necessary)		DIVISION D	
NOTE: An additional article must l	be added if an effective date is requested.	28	
REQUIRED SIGNATURE:	Jun Milled	OF STATE OF STATIONS PH 1:37	
Signature of a member	or an authorized representative of a member.		
(In accordance with sec	tion 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.)

James Hollenbeck
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)