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SECRETARISH FLORIDA

COVER LETTER

TO: Registration Se Division of Con		•	
SUBJECT:	MJEM Prog	onties, LLC d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filling.	
Please return all corresp	ondence concerning this matter	hite	
	0 - (Name of Person)	
101.59		Firm/Company) Shes hesewe (Address)	Drive
Lak	se North, F	<u> 23467</u> /State and Zip Code)	7
For further information (concerning this matter, please	cail:	
Age Cha	QQ_ of Person)	at (561) God (Area Code & Daytime To	9 427-4303 elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee FI 32301	ns

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: MJ&M Properties, LLC

ARTICLE II - Address:

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

Principal Office Address: 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

Mailing Address: 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature

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

Name: Mary Jane White

Address: 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

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. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

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

Title: "MGRM"

Name and Address: Mary Jane White. 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

Title: "MGRM"

Name and Address: Michael F. White. 10159 Cypress Lakes Preserve Dr., Lake Worth, FL 33467.

ARTICLE V - Effective Date: The effective date shall be the date of filing.

FILED PHIZ: 20
06 OCT 20 PHIZ: 20
SECTE LANGSEE, FLORIDATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE 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)