

L08000111943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

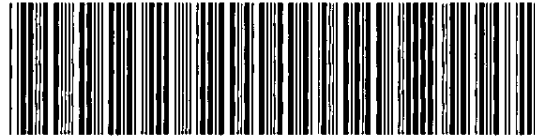
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600137656846

RECEIVED

08 NOV 12 AM 10:45

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 DEC -8 PM 2:55

TALLAHASSEE, FLORIDA

B. KOHR

DEC - 8 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 787941 9689A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : November 11, 2008

ORDER TIME : 10:11 AM

ORDER NO. : 787941-005

CUSTOMER NO: 9689A

08 DEC -8 PM 2:55
FILED
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: MJEN, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 12, 2008

CINDY HARRIS
CSC
TALLAHASSEE, FL

SUBJECT: MJEN, LLC
Ref. Number: W08000051371

We have received your document for MJEN, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

In order for JONATHAN HOFFMAN, PHD, PA to be a Registered Agent, this corporation would have to be registered with us. We don't show a corporation with that exact name. Is this the exact name? Or is the R.A. supposed to be the individual "Jonathan Hoffman, PHD"?

Please clarify.,

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 808A00056869

New entity formed PO 8000102562

RESUBMIT

FILED
08 DEC -8 PM 2:55
TALLAHASSEE, FLORIDA

RECEIVED
08 NOV 20 AM 10:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MJEN, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2233 N. COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326

Mailing Address:

2233 N. COMMERCE PARKWAY
SUITE 3
WESTON, FL 33326

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JONATHAN HOFFMAN, PHD, PA

Name

2233 N. COMMERCE PKWY, SUITE 3

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

WESTON FL 33326

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..

BY: /s/ JONATHAN HOFFMAN

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
08 DEC -8 PM 2:35
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

Name and Address:

MGRM

JONATHAN HOFFMAN, PHD, PA
2233 N. COMMERCE PKWY, SUITE 3
WESTON, FL 33326

MGRM

E. KATIA MORITZ, PHD, PA
2233 N. COMMERCE PKWY, SUITE 3
WESTON, FL 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

/S/ JONATHAN HOFFMAN

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.)

JONATHAN HOFFMAN, PHD, PA

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)