

LO9000039751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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09 APR 23 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O'Ryan APR 24 2009

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: MJAC ASSOCIATES LLC  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.

**Please send one check for the total amount made payable to the Florida Department of State.**

FROM: CHARLES MUCCIO SR.  
Name (Printed or typed)

2804 DEL PRADO BLVD SOUTH #209-4  
Address

CAPE CORAL FL 33904  
City, State & Zip

239-945-6606  
Daytime Telephone number

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MJAC ASSOCIATES LLC

## ARTICLE II - Address:

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

155 NORTH OAK STREET, NORTH MASSAPEQUA NY 11757

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

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

CHARLES MUCCIO SR

Name

2804 DEL PRADO BLVD SOUTH, #209-4

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

CAPE CORAL FL 33904

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.*

Charles Muccio SR

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Charles Muccio SR

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.)

CHARLES MUCCIO SR

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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