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PICK-UP	☐ WAIT	MAIL
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Certified Copies		
Special Instructions to	Filing Officer:	
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Office Use Only



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05/27/10--01001--011 **160.00

B. KOHR **EXAMINER**

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236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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		CERTIFIED COPY	, ,	
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;		FILING .	LLC	
1.	(C	MJE, LLC ORPORATE NAME AND DOCUMENT #)		
2.	(C	ORPORATE NAME AND DOCUMENT #)		
3.	(C	ORPORATE NAME AND DOCUMENT #)		<u></u>
4 .	(C	ORPORATE NAME AND DOCUMENT #)		
<i>5</i> .	(C	ORPORATE NAME AND DOCUMENT #)		
6.	(C	ORPORATE NAME AND DOCUMENT #)		
SPEC	CIAL II	NSTRUCTIONS:		



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 26, 2010

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: MJE, LLC

Ref. Number: W10000025712

The submitting 5/27/10

We have received your document for MJE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$160.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 710A00013332

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY. Name: Additive Company is:

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$^{\prime}$	KI	L.	ъ.	ı -	IXA	me:

Ormond Beach

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2424 North Atlantic Avenue	2424 North Atlantic Avenue
Daytona Beach, FL 32118	Daytona Beach, FL 32118
	•
Kathryn A. Vaugl	han
***************************************	Name
102 East Grana	da Boulevard, 2nd floor

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.,

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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGRM" = Mai	ger naging Member	Name and Address:
MGR		Jackson L. Munsey
		2424 North Atlantic Avenue
		Daytona Beach, FL 32118
		
	<u></u>	-
(Use attachment	· if managamu)	
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LE V: Effective ffective date is liding days after the d	IGNATURE: Signature of a member of the section of t	pecific and cannot be more than five business or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution test an affirmation under the penalties of perjury
LE V: Effective fective date is liding days after the d	Signature of a member of this document constitut that the facts stated herein	pecific and cannot be more than five business or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution test an affirmation under the penalties of perjury

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)