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11 JAN 18 AND 48
SECRETARY OF STATE
ALLAHASSEE, FLORID

D. BRUCE
JAN 2 0 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michele Jent Name of Person
mjinc LLC Firm/Company
420 No. T Street Address
Lake Worth FL 33460 City/State and Zip Code
Shellentagmail. Com E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Michele Tent at (561) 209 4463 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Minc 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:	Mailing Address:	
420 No.T St. Lake Worth FL 33460	420 No. J Street Lake Worth FL 33460	
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the reg	istered agent are:	
Michele Jent	AAR SA TA	
420 No. J. Street	t SA A F	
Lake Worth City, State,	rs (P.O. Box NOT acceptable) FL 33460 and Zip	
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as registe	I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and	

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE I - Name:

The name of the Limited Liability Company is:

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this documents constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of the constitutes a third degree felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee