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| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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2011 JUL 20 RH 原 S9 SECRETARY OF STATE

C. LEWIS

JUL & 1 2011

EXAMINER

COVER LETTER

| TO: Registration of | on Section Corporations | | |
|------------------------|---|--|---|
| SUBJECT: | M.XJ. Enter | prises L.L.C | |
| | Name of Limit | ed Liability Company | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing. | |
| Please return all corr | respondence concerning this matt | er to the following: | |
| | Michelle | Jennings Name of Person | |
| | | Name of Person () | |
| | | Firm/Company | · . · · · · · · · · · · · · · · · · · · |
| | 'M 37 SE | 17+1 1.) | |
| | 1000.00 | 12+h Way | |
| | Ft Laurder | dale FL, 33316 | |
| | M. y. jennings E-mail address: (to be used f | @ comcast. net or future annual report notification) | |
| For further informati | ion concerning this matter, please | call: | |
| Michelle Na | Terrings me of Person | at (253) 227 5332 Area Code & Daytime Telephone Numb | er |
| Enclosed is a check | k for the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified | te of Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2011

MICHELLE JENNINGS PO BOX 562 FOX ISLAND, WA 98333

SUBJECT: M.J. ENTERPRISES LLC

Ref. Number: W11000035589

We have received your document for M.J. ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00015988

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| MY.T. Enterprises 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: |
| Fort Lauderdale FL 33316 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 anothers) |
| The name and the Florida street address of the registered agent are: Are 120 110 110 110 110 110 110 110 110 110 |
| Michelle Jennings SER 20 M |
| Florida street address (P.O. Box NOT acceptable) |
| Fort Lauderdale FL 33316 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: | | FILED | |
|---|--|-----------------------------------|--|
| <u>Title:</u> "MGR" = Manager | Name and Address: | SECRETARY OF STATALLAHASSEE. FLOR | |
| "MGRM" = Managing Member MG R | Michelle Jennings 10325E12th Way Fort Laudardale FL | 33316 | |
| | | | |
| | | | |
| (Use attachment if necessary) CLE V: Effective date, if other than the ceffective date is listed, the date must be days after the date of filing.) | | | |
| <u>REQUIRED</u> SIGNATURE: | | | |
| m | <u>-9</u> 5 | · | |
| (In accordance with section 608. constitutes an affirmation under I am aware that any false inform | 408(3), Florida Statutes, the execution of this of the penalties of perjury that the facts stated he ation submitted in a document to the Department as provided for in s.817.155, F.S.) | document rein are true. | |
| Michelle | Jonnings bed 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)