

L11000138834

(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

B. KOHR

DEC 9 2011

EXAMINER



900214619279

12/09/11--01029--008 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 DEC -9 PM 12:59
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC -9 PM 3:02

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MJB HOLDINGS, LLC

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 DEC -9 PM 3:02

Signature _____

Requested by: Seth

12/9/11

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

 Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC -9 PM 3:02

**ARTICLE I
NAME**

The name of this Company shall be:

MJB HOLDINGS, LLC.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 726 TOMOKA DRIVE, PALM HARBOR, FLORIDA 34683.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

PATRICK M. O'CONNOR, ESQUIRE
O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FLORIDA 33771

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.

O'CONNOR & ASSOCIATES

By:


Patrick M. O'Connor, Registered Agent

ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | <u>Name and Address:</u> |
|---------------|--|
| MGR | MARIJO A. BECK 726 TOMOKA DRIVE PALM HARBOR, FLORIDA 34683 |

ARTICLE V
MANAGEMENT

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



PATRICK M. O'CONNOR

(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.)