L12000043099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Effective Date 3/20/29

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 27 PM 2:44

MAR 28 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAJiK MANAGEMENT Services
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:

Kimberly Pelger
Name of Person

MAJiK MANAGEMENT SERVICES
Firm/Company

PO Box 1885
Address

Ormond Beach FL 32175
City/State and Zip Code

KPELG36@Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Pelger at (386) 562-0794
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

RECEIVED

12 MAR 27 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2012

KIMBERLY PELGER
P OB OX 1885
ORMOND BEACH, FL 32175

SUBJECT: MAJIK MANAGEMENT SERVICES LLC
Ref. Number: W12000014983

We have received your document for MAJIK MANAGEMENT SERVICES 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 15, 2012. Please amend your document accordingly.

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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00009422

Effective Date 3/24/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MAJIK MANAGEMENT SERVICES 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:

2294 Oceanshore Blvd
#306
Ormond Beach FL 32176

Mailing Address:

PO Box 1885
Ormond Beach FL
32175

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 another business entity with an active Florida registration.)

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

Kim Pelger
Name

2294 Oceanshore Blvd #306
Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach FL 32176
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..

Kim Pelger
Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
Mgrm	Kim Pelger PO Box 1885 Ormond Beach FL 32175
Mgrm	Mike Pelger PO Box 1885 Ormond Beach FL 32175

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~March 5, 2012~~ March 26, 2012 (KP). (OPTIONAL)
(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:

Kim Pelger
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kim Pelger
Typed 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)

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12 MAR 27 PM 2:44
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DIVISION OF CORPORATIONS