

✓
L12000133035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

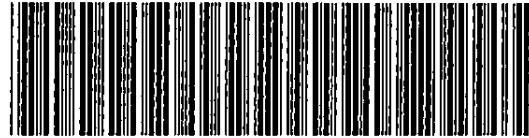
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600239771476

09/20/12--01002--019 **130.00

EFFECTIVE DATE 09-16-12

FILED
12 SEP 20 PM 3:44
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 18 2012

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **MAJUSA SERVICES LLC**
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:

JAVIER LONDONO

Name of Person

MAJUSA SERVICES LLC

Firm/Company

9325 MUSTARD LEAF DR

Address

ORLANDO, FL, 32827

City/State and Zip Code

javierlondonoo@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER LONDONO

Name of Person

at (**404**) **8629515**

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

STATE OF FLORIDA
TALLAHASSEE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAJUSA 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:

9325 MUSTARD LEAF DR
ORLANDO, FL, 32827

Mailing Address:

9325 MUSTARD LEAF DR
ORLANDO, FL, 32827

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:

JAVIER LONDONO

Name

9325 MUSTARD LEAF DR

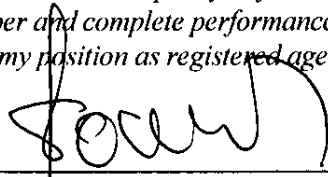
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO, FL FL 32827

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JAVIER LONDONO
9325 MUSTARD LEAF DR
ORLANDO, FL, 32827

MGR

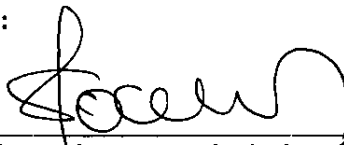
ANGELA M RESTREPO
9325 MUSTARD LEAF DR
ORLANDO, FL, 32827

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12 SEP 20 PM 3:44
STATE OF FLORIDA
TALLAHASSEE, FL 32300

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/16/2012 : (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:



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.)

JAVIER LONDONO

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2012

JAVIER LONDONO
9325 MUSTARD LEAF DRIVE
ORLANDO, FL 32827

SUBJECT: MAJUSA SERVICES LLC
Ref. Number: W12000048762

We have received your document for MAJUSA SERVICES LLC and your check(s) totaling \$130.00. 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 September 20, 2012. Please amend your document accordingly.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 112A00023727