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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

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MAR -6 2013
L. SELLERS

*Resubmit
3/5*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mrrothman@cpa@aol.com

**FLORIDA LIMITED LIABILITY CO.
MKCJ LLC**

Certificate of Status	1
Certified Copy	0
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13 MAR -5 AM 12:10
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March 5, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: MKCJ LLC
REF: W13000013047

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H13000050061
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MKCJ 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:

1450 CEDAR DR
SOUTHOLD, NY 11971

1450 CEDAR DR
SOUTHOLD, NY 11971

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:

MICHAEL J ROTHMAN, CPA

Name

3308 EUROPA DR #24

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

NAPLES, FL 34105

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)

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H13000050061

Page 1 of 2

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:

MICHAEL J. ROTHMAN, MGRM

1450 CEDAR DR
SOUTHOLD, NY 11971

KAREN T. ROTHMAN, MGRM

1450 CEDAR DR
SOUTHOLD, NY 11971

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael J. Rothman

Typed or printed name of signee

Page 2 of 2

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