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Florida Department of State
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<p>RECEIVED 13 NOV 19 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	<p>To: Division of Corporations Fax Number : (850) 617-6383</p> <p>From: Account Name : HUBCO Account Number : 104662003400 Phone : (516) 935-3940 Fax Number : (800) 293-4075</p>	<p>FILED 13 NOV 19 AM 8:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cpa@rossstrent.com

**FLORIDA LIMITED LIABILITY CO.
MJMMFL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **MJMMFL, LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:817 Evergreen DriveWest Hempstead, NY 11552Mailing Address:817 Evergreen DriveWest Hempstead, NY 11552

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TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Hubco Registered Agent Services, Inc.

Name

155 Office Plaza Drive, 1st Floor(P.O. Box or Mail Drop Box **NOT** Acceptable)Tallahassee, FL 32301

(City / State / 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 - Bruce B. Hubbard, President

ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Arlene Braunstein Wechsler - 617 Evergreen Drive

West Hempstead, NY 11552

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Arlene Braunstein Wechsler

Typed or printed name of signee