

L14000192776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

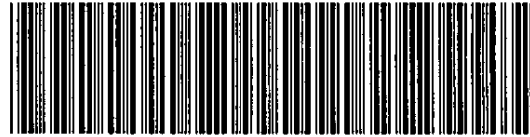
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/15/14--01027--008 **125.00

EFFECTIVE DATE 12-10-14

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2014 DEC 15 P 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 18 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

M2JR Holdings, 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:

Jennifer Palmer

Name of Person

M2JR Holdings, LLC

Firm/Company

9700 Loblolly Pine Circle

Address

Orlando, FL 32827

City/State and Zip Code

JPalmer3589@gmail.com

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

For further information concerning this matter, please call:

Richard Hale

Name of Person

at (407)

Area Code

579-9141

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

SECRETARY OF STATE
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:

M2JR Holdings, 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:

9700 Loblolly Pine Circle
Orlando, FL 32827

same

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:

Maria Hale
Name
10043 Sweetleaf Street
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32827
City Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 605, F.S..

Maria Hale
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Treasurer

President

VP

Sec.

Name and Address:

Michael Palmer
9700 Loblolly Pine Circle
Orlando, FL 32827

Jennifer Palmer
9700 Loblolly Pine Circle
Orlando, FL 32827

Richard Hale
10043 Sweetleaf St.
Orlando FL 32827

Maria Hale
10043 Sweetleaf St.
Orlando FL 32827

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/10/14. (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Maria Hale

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

MARIA HALE

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)