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T. BROWN

COVER LETTER

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations	
SUBJECT: MAJB Investments, LLC	Liability Company
Name of Limited	Liability Company
The enclosed Articles of Organization and fee(s) are sul	-
Please return all correspondence concerning this matter	to the following:
<u>Marvin J. Edwards</u> N	ame of Person
MAJB Investments, LLC	irm/Company
1739 Amaryllis Circle	Address
Orlando, FL 32825 City/S	tate and Zip Code
marvinje24@gmail.com E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please ca	all:
Marvin J. Edwards at (407) 382-7027
	ea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & Sertificate Opy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: MAJB Investments, 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:** 1739 Amaryllis Circle 1739 Amaryllis Circle Orlando, FL 32825 Orlando, FL 32825 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: Marvin J. Edwards

Name

1739 Amaryllis Circle
Florida street address (P.O. Box NOT acceptable)

Orlando
FL 32825
City
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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Marvin J. Edwards
	1739 Amaryllis Circle
	Orlando, FL 32825
	Ondrido, i c ozozo
MGR	Andrea C. Edwards
MOIX	1739 Amaryllis Circle
	Orlando, FL 32825
	
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(Use attachment if necessary)	
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REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605. constitutes an affirmation under	aber or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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ARTICLE IV-

Page 2 of 2