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4/30/2015

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Division of Corporations

Florida Department of State
Division of Corporations
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((H15000105995 3)))



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To:

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

From:

Account Name : KATZ, BARRON, SQUITERO AND FAUST
Account Number : 072627002473
Phone : (305)856-2444
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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: myraspareair@aol.com

Matter #11184001 (KDY)

FLORIDA LIMITED LIABILITY CO.

MJ Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

15 APR 30 PM 10:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
INFORMATION SERVICES

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TALLAHASSEE, FLORIDA

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Fax Audit No. (((H15000105995 3)))

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I. - Name

The name of the Limited Liability Company is:

MJ Partners, LLC

ARTICLE II. - Address

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

Principal Office Address:

6425 NW 201 Street
Miami, FL 33015-2153

Mailing Address:

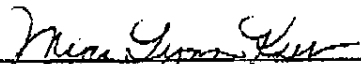
P.O. Box 170243
Miami, FL 33017-0243

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

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

Myra Lynn Kalb
6425 NW 201 Street
Miami, FL 33015-2153

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.


Myra Lynn Kalb, as Registered Agent

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ARTICLE IV. - Management

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

Title:

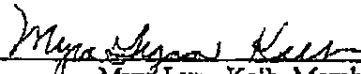
Manager

Name and Address:

Jeffrey Cox
6425 NW 201 Street
Miami, FL 33015-2153

Manager

Myra Lynn Kalb
6425 NW 201 Street
Miami, FL 33015-2153


Myra Lynn Kalb, Member

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.)

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