

L15000 088214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

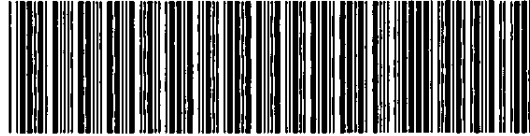
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/13/15--01015--020 **125.00

FILED
15 MAY 13 AM 7:53
SECRETARY OF STATE
HALL AND ASSOCIATES
TALLAHASSEE, FLORIDA

24 Dockside Lane
#374
Key Largo, Florida 33037
914-659-0400

May 6, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida

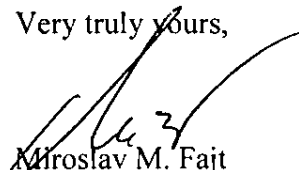
Re: M. Fajt Group LLC

Dear Sirs:

Enclosed for filing are Articles of Organization for the above company. Also enclosed is a check in the amount of \$125.00 in payment of the filing fee.

Thank you for your attention to this.

Very truly yours,


Miroslav M. Fajt

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M. Fajt Group 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:

Miroslav M. Fajt

Name of Person

M. Fajt Group LLC

Firm/Company

24 Dockside Lane, #374

Address

Key Largo, Florida 33037

City/State and Zip Code

mfajt@mfajt.com

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

For further information concerning this matter, please call:

Miroslav M. Fajt

914

659-0400

at (_____) _____

Name of Person

Area Code

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 Address

Registration Section
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:

M. Fajt Group 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:

24 Dockside Lane

#374

Key Largo, Florida 33037

Mailing Address:

24 Dockside Lane

#374

Key Largo, Florida 33037

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:

Miroslav M. Fajt

Name

24 Dockside Lane, #374

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

Key Largo

Florida

33037

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR _____

Name and Address:

Miroslav M. Fajt

24 Dockside Lane, #374

Key Largo, Florida 33037

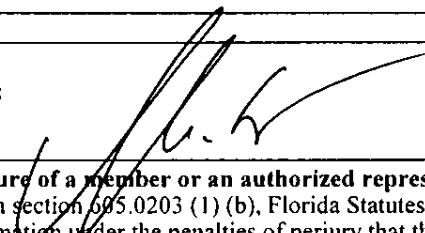
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Miroslav M. Fajt

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)

15 MAY 13 AM 7:53
DEPT OF STATE
TALLAHASSEE FLORIDA
FILED