

L15000101073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

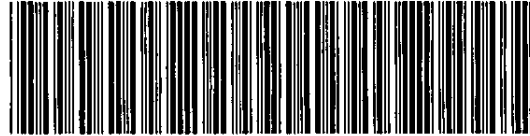
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900273315619

05/28/15--01005--015 \*\*155.00

Effective Date

5/28/15

FILED

15 MAY 28 AM 7:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 11 2015

T. HAMPTON

2715-38163

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MACJA 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:

JILL H. ADELS

Name of Person

Firm/Company

220 PASEO TERRAZA UNIT 205

Address

ST. AUGUSTINE FL 32095

City/State and Zip Code

*gagababy1937@gmail.com*

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

For further information concerning this matter, please call:

DR. MANUEL AVELLAN

781

492 3622

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2015

JILL H ADELS  
220 PASEO TERRAZA  
UNIT 205  
ST AUGUSTINE, FL 32095

SUBJECT: MACIA LLC  
Ref. Number: W15000038163

RECEIVED  
15 JUN -9 PM12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MACIA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the names and titles in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 815A00011353

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Effective Date

5/22/15

MACJA 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:

220 PASEO TERRAZA UNIT 205

ST. AUGUSTINE FL 32095

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:

DR. MAUEL AVELLAN

Name

220 PASEO TERRAZA #205 -

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

ST. AUGUSTINE FL 32

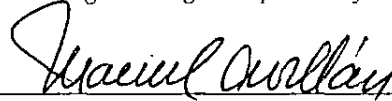
City

State

32095

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)

FILED  
15 MAY 28 AM 7:30  
SECRETARY OF STATE  
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

JILL H. ADELS - Title

AMBR

**Name and Address:**

220 PASEO TERRAZA UNI 205

ST. AUGUSTINE, FL 32095

DR. MANUEL AVELLAN - MGR

220 PASEO TERRAZA UNIT 205

ST. AGUSTINE FL 3205

(Use attachment if necessary)

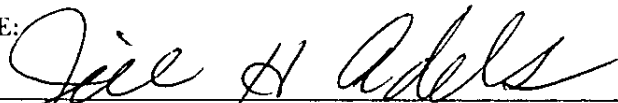
**ARTICLE V:** Effective date, if other than the date of filing: MAY 22, 2015 (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

JILL H. ADELS

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)

**FILED**  
15 MAY 28 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA