

L15000141700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

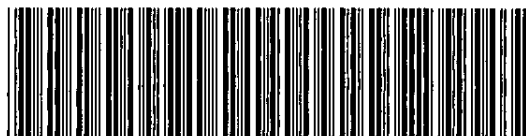
(Business Entity Name)

(Document Number)

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

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15 AUG 17 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burnh AUG 24 2015

August 12, 2015

To: Registration Section  
Division of Corporations

SUBJECT: R.M.J. MACO, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to: Benjamin R. Jacobi, Esq.  
Benjamin R. Jacobi, P.A.  
1313 N.E. 125<sup>th</sup> Str. - #200  
North Miami FL 33161  
[jacobilawfirm@aol.com](mailto:jacobilawfirm@aol.com)

For further information concerning this matter, please call:

Benjamin R. Jacobi, Esq. 305/893-4135

☒ \$125.00 Filing Fee

☐ \$130.00 Filing  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**R.M.J. MACO, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

7770 N.E. Second Avenue  
Miami FL 33161

**Mailing Address:**

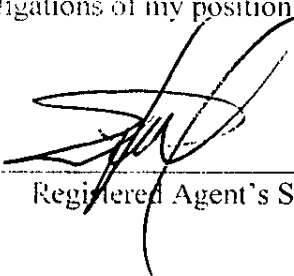
7770 N.E. Second Avenue  
Miami FL 33161

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

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

Roger Joseph  
7770 N.E. Second Avenue  
Miami FL 33161

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

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

Marjorie Joseph  
4337 Twinleaf Dr.  
Crowley TX 76036

"MGRM" - Managing Member

Roger Joseph  
205 N.W. Eighth Avenue - #208  
Hallandale Beach FL 33009

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**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

  
\_\_\_\_\_  
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.)

  
\_\_\_\_\_  
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)**