

L15000178678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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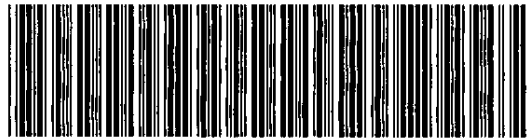
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/21/15

COVER LETTER

TO: Registration Section  
Division of Corporations

MTJF MULTI GENERATIONAL DISBURSEMENTS LLC

SUBJECT:

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:

Martin Fabrikant

Name of Person

Firm/Company

4865 Exeter Estate Ln

Address

Wellington, FL 33449

City/State and Zip Code

jay@jfabrikant.com

OR MARTIN FABRIKANT, CEO

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

For further information concerning this matter, please call:

Martin Fabrikant

561.

969-2844

at ( )

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Xx. \$160

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,.

☒

Certificate of Status Certified Copy Certificate of Status &

(additional copy is enclosed) Certified Copy

(additional copy is enclosed)

Mailing Address Street Address New Filing Section New Filing  
Section

Division of Corporations Division of Corporations P.O. Box 6327  
Clifton Building

Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company

MTJF MULTI GENERATIONAL DISBURSEMENTS 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

4865 Exeter Estate Ln Wellington, FL 33449

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:

Martin Fabrikant

4865 Exeter Estate Ln

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

Wellington, FL 33449

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.*

Martin Fabrikant

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; Name and Address:** "AMBR" = Authorized Member

"MGR" = Manager

AMBR.

Martin Fabrikant

4865 Exeter Estate Ln Wellington, FL 33449

MGR.

JAY FABRIKANT

6019 Agatha Christie Ave Las Vegas, NV 89131

(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.)

**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.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

~~Martin Fabrikant~~

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)

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15 OCT 15 PM 4:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA