

L1600014611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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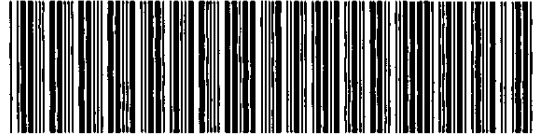
(Business Entity Name)

(Document Number)

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16 JUL 29 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FL 32301
TH
8/9/16

TH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2016

MARGARET REID
15907 INDIAN WELLS CT
CLERMONT, FL 34711

SUBJECT: MJR LLC
Ref. Number: W16000040626

RECEIVED

16 JUL 29 AM 11:14

ALL AMENDED, FLORIDA

We have received your document for MJR LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

I WASN'T SURE IF YOU ADDED AND "&" SYMBOL OR "8" BUT IF IT'S AN "&", THAT IS STILL A NAME CONFLICT. BELOW ARE EXAMPLES FROM OUR FAQ'S PAGE....A definite or indefinite article (i.e. the word "the, a, or an") does not constitute a difference. For example, "The Critical Difference, Ltd.," "A Critical Difference, Inc." and "Critical Difference, LLC" are not considered distinguishable. The word "and" and the ampersand symbol (&) do not

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) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 216A0001387

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2016

MARGARET REID
15907 INDIAN WELLS CT
CLERMONT, FL 34711

SUBJECT: MJR LLC
Ref. Number: W16000040626

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TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 216A00013871



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2016

MARGARET REID
15907 INDIAN WELLS CT
CLERMONT, FL 34711

SUBJECT: MJR LLC
Ref. Number: W16000040626

We have received your document for MJR LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L03000012198 (MJR, LLC).

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) 245-6052.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 916A00011741

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJR 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:

Margaret Reid
Name of Person

MJR LLC
Firm/Company

15907 INDIANWELLS CT
Address

CLERMONT FL 34711
City/State and Zip Code

MJR LLC 2015@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Reid at 407 271-5731
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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.J.R.I.V. L.L.C.
(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:

15907 INDIAN WELLS CT P.O. Box 560130
CLERMONT FL 34711 MONTEVERDE FL 34756

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:

Margaret Reid
Name
15907 INDIAN WELLS CT
Florida street address (P.O. Box **NOT** acceptable)
CLERMONT FL 34711
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.

Margaret Reid
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

Name and Address:

MGR

JAMES BEID
1907 LINDAN WELLS CT
CLERMONT FL 34711

(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:

Margaret Beid

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.

Margaret Beid

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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