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K 09/29/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAZUR GRAY & JONES, 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:

Jack MAZUR
Name of Person

JMM ADVISORY GROUP
Firm/Company

5610 GLENRIDGE Dr. #227
Address

ATLANTA, Georgia 30342
City/State and Zip Code

JACK@JMMADVISORYGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACK MAZUR at (404) 216 7103
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:

MAZUR GRAY & JONES, LLC.

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5610 GLENRIDGE DR. STE 227

ATLANTA, GEORGIA

Mailing Address:

5610 GLENRIDGE DR. STE 227

ATLANTA, GEORGIA 30342

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:

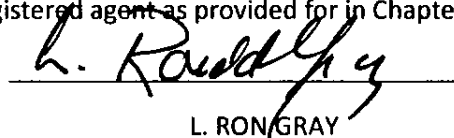
Name

Florida street address

L. RON GRAY

5432 SWIFT RD, SARASOTA, FLORIDA 34321

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.


L. RON GRAY

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

JACK M MAZUR-(MGR)

L. RON GRAY-(MGR)

5610 GLENRIDGE DR. #227

5432 SWIFT RD.

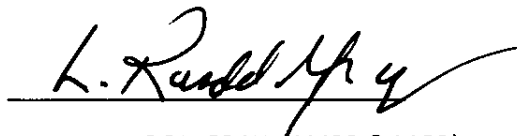
ATLANTA, GEORGIA 30342

SARASOTA, FLORIDA 34231

Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager

REQUIRED SIGNATURE:


JACK M. MAZUR (AMBR & MGR)


L. RON GRAY (AMBR & MGR)

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.

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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