

L16000200940

(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



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16 OCT 31 11:11 AM
TALLAHASSEE, FLORIDA

V HERRING
NOV - 3 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MICHAEL JOYNT, 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:

MICHAEL JOYNT

Name of Person

Firm/Company

12918 ISLAMORADA DRIVE

Address

ORLANDO, FLORIDA 32837

City/State and Zip Code

LJOYNT@MSN.COM

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

For further information concerning this matter, please call:

MICHAEL JOYNT

407

855-1994

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

MICHAEL JOYNT, LLC
12918 ISLAMORADA DRIVE
ORLANDO, FL 32837

SUBJECT: MICHAEL JOYNT, LLC
Ref. Number: W16000045794

We have received your document for MICHAEL JOYNT, LLC and your check(s) totaling \$125.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P00000054737 - MICHAEL JOYNT, PA.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 116A00013654

10/17/16

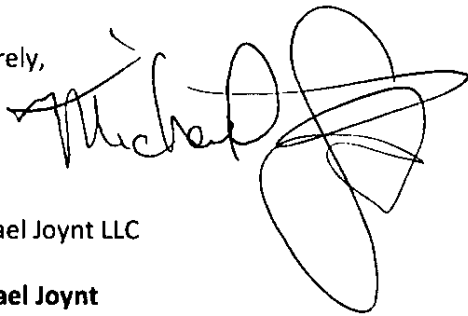
Att: Sylvia Gilbert
Regulatory Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

Subject: Michael Joynt LLC
Ref. Number: W16000045794

Hello Sylvia, I have called the Division of Corporations and they said that enough time has passed so Michael Joynt LLC can be activated. I am returning the original paper work that you sent me. The money or check was never returned so I believe you still have it.

If you have any questions please feel free to contact me direct by phone or email.

Sincerely,
mj

A handwritten signature in black ink, appearing to read "Michael Joynt", with a large, stylized flourish at the end.

Michael Joynt LLC

Michael Joynt
12918 Islamorada Drive
Orlando Florida 32837

Ljoynt@msn.com
407-855-1994 Desk
407-592-7253 Cell

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL JOYNT, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

16 OCT 31 PM 12:00

ARTICLE II - Address:

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

Principal Office Address:

12918 ISLAMORADA DRIVE
ORLANDO, FLORIDA 32837

Mailing Address:

12918 ISLAMORADA DRIVE
ORLANDO, FLORIDA 32837

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:

KORSHAK & ASSOCIATES, P.A.

Name

950 S. WINTER PARK DRIVE, SUITE 320

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

CASSELBERRY

FLORIDA

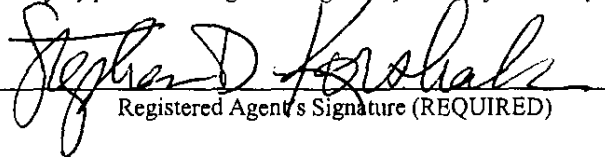
32707

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

MICHAEL JOYNT

12918 ISLAMORADA DRIVE

ORLANDO, FLORIDA 32837

(Use attachment if necessary)

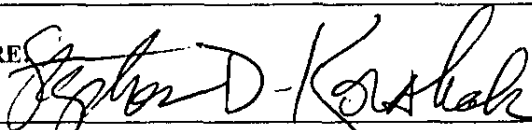
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Stephen D. Korshak

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)