LICODDI 3204

(Re	equestor's Name)	
(110		
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	;#)
		MAIL
(Bı	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
· · ·		
Special Instructions to	Filing Officer:	
	Office Use Oni	v

ş





11/23/16--01007--005 **125.00



C. GOLDEN NOV 2 3 2016

CORPORAT ACCESS	-	to the world	
* INC.	·		
	WALK IN		
	PICK UP: $ 2$	3	
CERTIF	IED COPY		
рното	СОРҮ		
CUS			
Filing	LLC		
	AME AND DOCUMENT #)		
(CORPORATE N	AME AND DOCUMENT #)		
(CORPORATE N	AME AND DOCUMENT #)		
(CORPORATE N	AME AND DOCUMENT #)	ు (ఎ (ఎ	
(CORPORATE N	AME AND DOCUMENT #)		
(CORPORATE N	AME AND DOCUMENT #)		
ECIAL STRUCTIONS:	Markirvin Ol@gr	nail.com	

KLEIN & KLEIN, LLC

Attorneys at Law

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

· .•

FRED N. ROBERTS, JR. LAWRENCE C. CALLAWAY, III

November 22, 2016

TO:

Registration Section Division of Corporation

RE: MJO I, LLC

The attached Articles of Organization and fees are submitted for filing.

The following is the email address for the LLC:

· _

Markirvin01@gmail.com

For further information concerning this matter, please call

Joyce Henry at (352) 732-7750

15 FT 23 FT 3. 30

40 Southeast 11*

Avenue PHONE (352) 732-7750

Ocala, Florida 34471

FAX (352) 732-7754

es are submiti

FULE() 16 KOV 23 KH 3-30

• •

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MJO I, 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:

2313 East Ft. King Street, #100 Ocala, FL 34471 P. O. Box 3956 Ocala, FL 34478

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

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

MARK IRVIN 2313 East Ft. King Street, #100 Ocala, FL 34478

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, Florida Statutes.

MARK IRVIN

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

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

Title:

Name and Address:

"MGR"

MARK IRVIN P. O. Box 3956 Ocala, FL 34478

"MGR"

RUTH IRVIN P. O. Box 3956 Ocala, FL 34478

REQUIRED SIGNATURE:

MM

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 in s.817.155, F.S.

MARK IRVIN

Typed or printed name of signee