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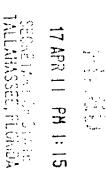
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

	ew Filing Section ivision of Corporations						
SUBJECT	MJJ Realty II, LLC						
SOBJECT		imited Liabili	ty Сошрану				
The enctos	ed Articles of Organization and fee(s)	are submitted	for filing.				
Please retu	rn all correspondence concerning this i	matter to the f	ollowing:				
	Steven I. Greenwald, Esq.						
	Name of Person						
	Law Offices of Steven I. Greenwald, PA						
	Firm/Company						
	6971 N. Federal Highway, Suite 105						
	Address						
	Boca Raton, FL 33487						
	City/State and Zip Code						
	sigreenwaldlaw@att.net E-mail address; (to be use	ed for future a	nnual report notification)				
For further i	nformation concerning this matter, plea	ase call:					
		561	994-5560				
		Area Code	Daytime Telephone Number				
Enclosed is	s a check for the following amount:						
\$125 00 P	-	Certific	0 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) 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 1 - Name: The name of the Limited Liabi	lity Company is:			
MJJ Realty II, LLC				
		l Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Lim	ted Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
568 Yamato Road		4	77 Jericho Turnpike - PO Box 9006	
Unit 3			/o David Lerner Associates, Inc.	
Boca Raton, FL 33	487		yosset, NY 11791	
The name and the Florida stree	Steven I Greenwald			
	6971 N. Federal Hig	thway. Suite 105		
	Florida street addres	ss (P.O. Box <u>NO</u>	[acceptable)	
	Boca Raton	FL	33487	
	City	State	Zip	
further agree to comply with the p	e, I neredy accept the approvisions of all statutes followed bligations of my position	elating to the project registered age.	the above stated limited liability company wered agent and agree to act in this capac per and complete performance of my duti not as provided for in Chapter 605, F.S.	
		(CONTINUEI))	

Title: "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager MGR	The David Lerner Revocable Trust UAD 8/18/2015 477 Jericho Turnpike - Box 9006 Svosset, NY 11791
(Use attachment if necessary) RTICLE V: Effective date, if other than the date an effective date is listed, the date must be	ate of filing:
e date of filing.)	of meet the applicable statutory filing requirements, this date will not be listed a
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE	- Volume
Signature of a rather than a ware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State area felony as provided for in s.817.155, F.S.
	David Lerner
	Typed or printed name of signce
	Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)