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| (Requestor's Name) (Address) | 600298459186 |
|---|---|
| (Address) (City/State/Zip/Phone #) | |
| | 600298459186 04/27/1701005006 **125.00 |
| (Business Entity Name) (Document Number) | |
| Certified Copies Certificates of Status | DEPAR 17 AP |
| Special Instructions to Filing Officer: | EPARTMENT OF STATE |
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2017 APR 27 PH 4:00

| INC. | 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 | | | | |
|---------------|---|---------------------------------------|----------|--|--|
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| | PICK UP: | 4-27-17 | - | | |
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| | ME AND DOCUMENT #) | | | | |

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KLEIN & KLEIN, LLC

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Attorncys at Law 40 Southeast 11th Avenue Ocala, Florida 34471

PHONE (352) 732-7750 FAX (352) 732-7754

April 26, 2017

TO: Registration Section Division of Corporation

HARVEY R. KLEIN (1922-2003)

H. RANDOLPH KLEIN

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

RE: MJO II, LLC

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

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The following is the email address for the LLC:

mirvin@irvinhomes.com

For further information concerning this matter, please call

Joyce Henry at (352) 732-7750

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

MJO II, 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:

4610 SE 12th Avenue Ocala, FL 34471 4610 SE 12th Avenue Ocala, FL 34471

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

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

MARK IRVIN 4610 SE 12th Avenue Ocala, FL 34471

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:

' •s • ,

Name and Address:

"MGR"

MARK IRVIN 4610 SE 12th Avenue Ocala, FL 34471

"MGR"

RUTH IRVIN 4610 SE 12th Avenue Ocala, FL 34471

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 in s.817.155, F.S.

MARK IRVIN

Typed or printed name of signee

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