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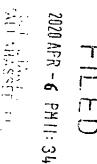
| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nan | ne) |
| (Doe | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | New Filing Sec Division of Co | | | | | | |
|-------------|----------------------------------|--|--------------|---|---|---------------|-----|
| SUBJEC | MGJ Capit | tal, LLC | | | | | |
| | | Name of | Limited Lia | bility Company | • | | |
| The encle | osed Articles of | Organization and fee(s) | are submit | ted for filing. | | | |
| Please ret | urn all correspo | ondence concerning this | matter to th | ne following: | | | |
| | Walter J. Ta | che | | | | | |
| | | . | Name | of Person | | | |
| | Tache, Bron | is. Christianson and De | scalzo, P.A. | | | | |
| | - | | Firm/ | Company | 2 | 202 | |
| | 150 S.E. 2nd | d Avenue. Suite 600 | | | - | 2020 APR | 7 |
| | | | Ac | ldress | J. | 9 | |
| | Miami, FL 3 | 33131 | | | ; | PH :: 38 | . 1 |
| | | | City/State | and Zip Code | | | _ |
| | wtache@tach | · - - · · · · | - LC C | | ···· | | |
| Con Gradena | | · | | e annual report notificat | .1011) | | |
| For turtner | information co | ncerning this matter, ple | ease can: | | | | |
| | Walter J. Tad | cheat | 305 (| 299-9050) | | | |
| | Nam | e of Person | Area Code | Daytime Telephor | ne Number | | |
| Enclosed | is a check for t | he following amount: | | | | | |
| | 00 Filing Fee | □\$130.00 Filing Fee Certificate of Status | Cer | 155.00 Filing Fee & tified Copy onal copy is enclosed) | ■\$160.00 F Certificate o Certified Co (additional cop | f Status & Py | ed) |
| | New F Division P.O. B | ng Address Gling Section on of Corporations dox 6327 assee, FL 32314 | | Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liabili | ty Company is: | | |
|---|---|-------------------------------|--|
| MGJ Capital, LLC. | | | |
| (Must con: | itin the words "Limited | Liability Con | npany, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal o | office of the L | Limited Liability Company is: |
| <u>Princip</u> | al Office Address: | | Mailing Address: |
| 152 ISLA DORADA CORAL GABLES, I | | _ | 152 ISLA DORADA BVLD CORAL GABLES, FL 33143 |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street | cannot serve as its own active Florida registration | n Registered / on.) | d Agent's Signature: Agent. You must designate an individual or |
| | Charles L. Berg | | |
| | | Name | |
| | 555 NE 15th Street | | |
| | Florida street addres | s (P.O. Box 2 | <u>NOT</u> acceptable) |
| | Miami | F1, | 33132 |
| | City | State | Zip |
| place designated in this certificate, further agree to comply with the pr | I hereby accept the app ovisions of all statutes r ligations of my position | cointment as reclating to the | for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S Signature (REQUIRED) |

| Title: "AMBR" = Authorized Member "MGR" = Manager | Name and Address; |
|---|--|
| AMBR | Michael G. Joseph 152 ISLA DORADA BVLD CORAL GABLES, FL 33143 |
| AMBR | Lesli Joseph 152 ISLA DORADA BVLD CORAL GABLES, FL 33143 |
| | |
| | |
| | |
| (Use attachment if necessary) LE V: Effective date, if other than the ffective date is listed, the date must | he date of filing: |
| CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) | t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be I timent of State's records. |
| TLE V: Effective date, if other than the affective date is listed, the date must e of filing.) If the date inserted in this block does ament's effective date on the Depart LE VI: Other provisions, if any. | t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be I timent of State's records. |
| CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does nument's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an | t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be I timent of State's records. |
| CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does unnent's effective date on the Departure VI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is I am aware that an | Is not meet the applicable statutory filing requirements, this date will not be I thent of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. |