

L21000256894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

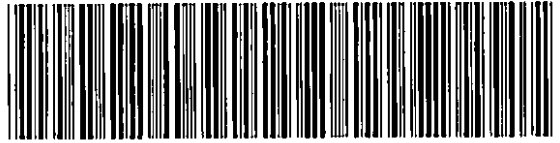
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MJM EQUIPMENT RENTALS LLC

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

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Signature \_\_\_\_\_

Requested by: SETH

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
MJM EQUIPMENT RENTALS LLC**

**ARTICLE I - NAME**

The name of the limited liability company is: **MJM EQUIPMENT RENTALS LLC**

**ARTICLE II - ADDRESS**

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

**Principal Office Address:**  
1590 Bobby Lee Point.  
Sanford, FL 32771


**Mailing Address:**  
1590 Bobby Lee Point  
Sanford, FL 32771

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

Michael H. Fritts  
152 Portofino Blvd.  
New Smyrna Beach, FL 32168

*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

**ARTICLE IV - MANAGEMENT (check box if applicable.)**

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

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**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

Michael H. Fritts.  
152 Portofino Blvd.  
New Smyrna Beach, FL 32168

MGR

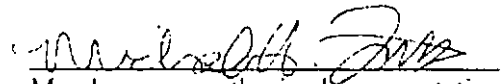
John L. Reichert  
882 Arbormoor Place  
Lake Mary, FL 32746

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ED

**ARTICLE V - DURATION**

The duration of the Limited Liability Company shall, unless limited by the terms of any Regulations Agreement, be perpetual.

IN WITNESS WHEREOF, the undersigned, as a member, has executed the foregoing Articles of Organization on the 2nd day of June, 2021.

  
Member or an authorized representative  
of a member

(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 constituted a third degree felony as provided for in s.817.155, F.S.

MICHAEL H. FRITTS  
[typed or printed name of signee]

STATE OF FLORIDA  
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 2nd day of June, 2021 by Michael H. Fritts, who is personally known to me or who has produced a valid Florida DL as identification.

  
NOTARY PUBLIC  
Notary Public - State of Florida



My Commission Expires: