# L21000351658

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# CAPITAL CONNECTION, INC.

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

M-JAC, LLC			
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			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
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			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
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			Officer Search
			Fictitious Search
Signature		<del></del>	Fictitious Owner Search
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Requested by: Seth	07/27/21		UCC   or 3 File
Name	$-\frac{07/27/21}{Date}$	Time	UCC 11 Search
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# COVER LETTER

	COVERLETTER
то:	New Filing Section Division of Corporations
	M-JAC, LLC.
SUBJE	
	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mayra C. Ruiz
	Name of Person
	Firm/Company
	11180 Snapper Creek Road
	11100 Shapper Creek koad
	Address
	Coral Gables, FL 33156
	City/State and Zip Code
	rdeleon@msprecovery.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call;
	Rosalia De Leon 305 614-2222
	at ()
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
<b>]\$</b> 125.0	Of Filing Fee \$\ \times \text{\$130.00 Filing Fee & Status Certificate of Status (additional copy is enclosed)} \ \ \text{\$160.00 Filing Fec, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \ \ \ \text{\$160.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327

Street Address

New Filing Section
Division of Corporations
Clifton Building

DocuSign Envelope ID: 3F9F7A1C-444A-4D75-8816-FB0B42DC3327

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2021 AUG -3 PM 2: 35 SECRETATION STATE TALLAHANSEE, FL

M-JAC, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "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:

11180 Snapper Creek Road	11180 Snapper Creek Road
Coral Gables, FL 33156	Coral Gables, FL 33156

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mayra	C. Ruiz		
		Name	
11180	Snanner	Creek Road	
		ss (P.O. Box NOT	acceptable)
			,
<u>Coral</u>	Gables	<u>Fl</u>	33156
	City	State	7in

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.

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR – Manager MGR	Mayra C. Ruiz
	11180 Snapper Creek Road
	Coral Gables, FL 33156
	SECRET AUG
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an effective date is listed, the date must be se e date of filing.)	te of filing: 8/3/2021 . (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed a
ie document's effective date on the Denartmen	at of Statu's supporte
he document's effective date on the Departmer	at of State's records.
RTICLE VI: Other provisions, if any.	Occusioned by:
ne document's effective date on the Departmer  RTICLE VI: Other provisions, if any.	nt of State's records.
RTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ocusigned by:
RTICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:	nt of State's records.

Mayra C. Ruiz

Typed or printed name of signee

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