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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

[Handwritten signature]

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MJSM LLC**

Certificate of Status	0
Certified Copy	1
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COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT:** MJSM LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Seelig

Name of Person

GrayRobinson, P.A.

Firm/Company

Meister Seelig & Fein LLP

Address

125 Park Avenue, 7th Floor, New York, NY 10017

City/State and Zip Code

mjs@msf-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul H. Minoff, Esq.

954

761-8111

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
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(additional copy is enclosed)☐ \$160.00 Filing Fee,
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MJSM 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:c/o Meister Seelig & Fein LLP
125 Park Avenue, 7th Floor
New York, NY 10017**Mailing Address:**c/o Meister Seelig & Fein LLP
125 Park Avenue, 7th Floor
New York, NY 10017**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:

GrayRobinson, P.A.

Name

401 East Las Olas Blvd, Suite 1000Florida street address (P.O. Box **NOT** acceptable)Fort LauderdaleFlorida33301

City

State

Zip

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..

/s/ Paul H. Minoff, Esq.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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