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(Requestor's Name) (Address) (Address)
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(Document Number)
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DIVISION OF CONFORATIONS
22 AUG 30 PM 3: 16

COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJEC		TURES LLC			
SUBJEC	- I:	Name o	of Limited Lial	oility Company	
The encl	losed Articles of	Organization and fee	(s) are submitt	ed for filing.	
Please re	eturn all correspo	ondence concerning th	is matter to th	e following:	
	Eric P. Gros	-Dubois			
	-		Name	of Person	
	EPGD Attor	neys at Law, P.A.			
		· · · · · · · · · · · · · · · · · · ·	Firm/	Company	
	777 SW 370	h Ave, Suite 510			
	-		Λ	ldress	
	Miami, FL 3	33135			
	eric@epgdlav	w com	City/State	and Zip Code	
			used for futur	e annual report notificat	ion)
For furthe	r information co	ncerning this matter,	please call:		
	Aviv Asoulir		786 at (837-6787	
	Nam	ne of Person	Area Code	Daytime Telephon	ne Number
Enclose	d is a check for t	he following amount:			
	.00 Filing Fee	□\$i30.00 Filing F Centificate of State	Fee& □\$ us Cer	155.00 Filing Fee & tified Copy conal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisi P.O. B	ng Address Tling Section on of Corporations Box 6327 Bassee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810



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2022 AUG 30 PM 2: 19

FLORIDA DEPARTMENT OF STATE Division of Corporations

TALLIAN, SIELFLORIOA

August 27, 2022

CAPITAL CONNECTION

SUBJECT: MJPJ VENTURES LLC Ref. Number: W22000110213

We have received your document for MJPJ VENTURES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 822A00019122

CAPITAL CONNECTION, INC.

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

MJPJ VENTURES 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
	Рһоғо Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
Name Date Time	UCC 11 Search
rame Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MJPJ VENTURES LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	6.1 (1.2) (1.1) (1.2) (2.3)
The mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
Principal Office Address:	
•	Mailing Address:

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

PGD Attorneys at Law, P.A.

Name

777 SW 37th Ave, Suite 510

Florida street address (P.O. Box NOT acceptable)

Miami FL 33135

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..

(CONTINUED)

gistered Agent's rignature (REQUIRED)

DIVISION OF CONFICE STATE

Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR Maria Jose Covarrubias Acuna 150 SE 2nd Avenue, Suite 300 Miami, FL 33131 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____ _. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five husiness days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a comber or an authorized representative of a member.

This document is accused 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 for in s.817.155, F.S. Eric P. Gros-Dubois Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)