

L23000433765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

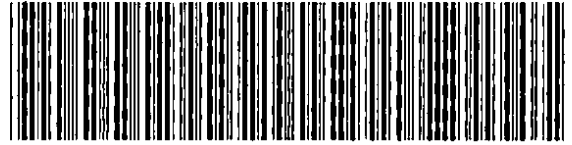
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023-09-07 AM 7:54

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Majestic Isle Properties 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:

Gabriela Hayre

Name of Person

Zenbusiness Inc.

Firm/Company

336 E. College Ave. Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenbusiness.com

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

For further information concerning this matter, please call:

Gabriela Hayre

884

493-6249

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 &
Certified Copy
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Majestic Isle Properties I.L.C

(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:

1140 nw 124 st

1140 nw 124 st

north miami, FL 33168

north miami, FL 33168

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:

ZenBusiness Inc.

Name

336 E. College Ave. Suite 301

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

Tallahassee

FL

32301

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..

Khadijeh Hemmati

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023-07-17 AM 7:54

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

"MGR" = Manager

Name and Address:

AMBR

Lugenie Vena
17630 Blusing Meadow st
Conroe, TX 77302

AMBR

Guensley Jerome
9842 watermill cir apt A
Boynton beach, FL 33437

AMBR

Carlet Cesar
26635 Busman rd
Murrieta, CA 92563

AMBR

Dioury Etienne
3001 N oakland forest dr
oakland park, FL 33309

AMBR

Bernard Evens
4620 ne 1st ave
Deerfield beach, FL 33064

AMBR

Sedrick Petit Frere
14910 nw 8 ct
miami, FL 33169

AMBR

Mathieu Joseph
10890 Alvara way
Bonita springs, FL 34135

AMBR

Magalie Vincent
29 birs ave lindenhurst
long island, NY 11775

AMBR

Phebus Coqmard
310 cedar bark lane
sanford, FL 32771

AMBR

Richard Innocent
63 Haynes Ave
West Slip, NY 11795

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

<u>AMBR</u>	<u>Adajah Codio</u> <u>1140 nw 124 st</u> <u>north miami, FL 33168</u>
<u>AMBR</u>	<u>Lentz Theodore</u> <u>284 redwind dr</u> <u>winchester, KY 40391</u>
<u>AMBR</u>	<u>Judeline Joseph</u> <u>284 redwing dr</u> <u>winchester, KY 40391</u>
<u>AMBR</u>	<u>Hermane Tiliat</u> <u>17630 Blusing Meadow st</u> <u>Conroe, TX 77302</u>

(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 business 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:

Adajah F. CODIO

Signature of a member or an authorized representative of a member.

This document is executed 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.

Adajah Codio

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)

\$ 5.00 Certificate of Status (Optional)



Date:

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2007-11-07 AM 7:54

Re: Majestic Isle Properties LLC

To Whom It May Concern:

Attached please find the executed Certificate of Formation the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc.
Attention: Gabriela Hayre
336 E. College Ave.
Suite 301
Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at {fulfillment@zenbusiness.com or compliance@zenbusiness.com}.

Thank you.

Gabriela Hayre
ZenBusiness Customer Success
