

Ma1000016390

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

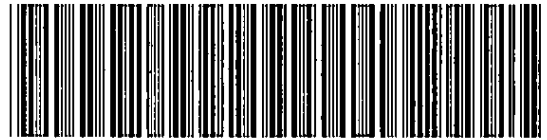
(Business Entity Name)

(Document Number)

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TALANTA SECRET DONNA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MLJ Land, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marcia Mycko

\_\_\_\_\_  
Name of Person

MLJ Land, LLC

\_\_\_\_\_  
Firm/Company

8205 Burgundy Dr N

\_\_\_\_\_  
Address

Pinellas Park, FL 33781

\_\_\_\_\_  
City/State and Zip Code

36125hippie@gmail.com

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

For further information concerning this matter, please call:

Marcia Mycko

727

366-4630

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MLJ Land, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois- Mason County File #107999-7 3. 87-3330053  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Marcia Jo Mycko 6. Marcia Jo Mycko  
(Street Address of Principal Office) (Mailing Address)

8205 Burgundy Dr N 8205 Burgundy Dr N

Pinellas Park, FL 33781 Pinellas Park, FL 33781

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Marcia Jo Mycko

Office Address: 8205 Burgundy Dr N

Pinellas Park 33781  
(City) (Zip code)  
Florida

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with  
and accept the obligations of my position as registered agent.

Marcia Jo Mycko  
(Registered agent's signature)

FILED  
2021 DEC -2 AM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

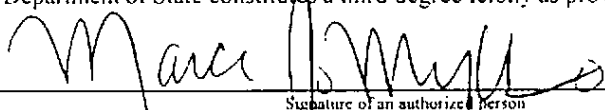
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Marcia Jo Mycko</u>	<input type="checkbox"/> Manager	Name: <u>Lisa Kathleen Hall</u>
<input checked="" type="checkbox"/> Member	Address: <u>8205 Burgundy Dr N</u>	<input checked="" type="checkbox"/> Member	Address: <u>1038 Grant Ave</u>
<input type="checkbox"/> Authorized	<u>Pinella Park, FL 33781</u>	<input type="checkbox"/> Authorized	<u>Grand Haven, MI 49417</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Julie Elizabeth Pehrul</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>5817 Glencove Dr</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>#405</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Naples, FL 34108</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

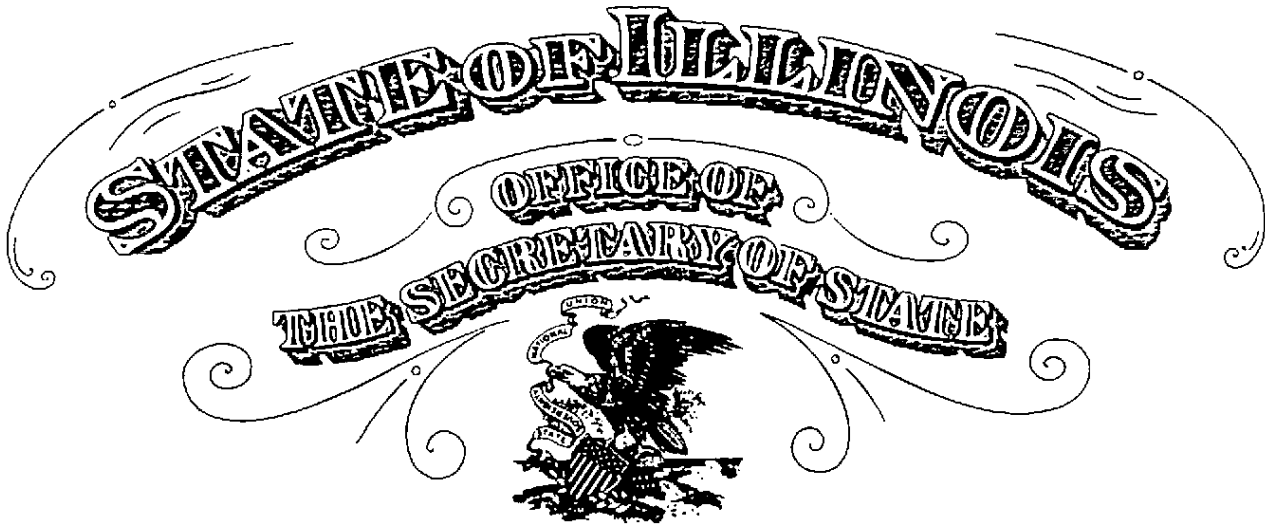
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person

File Number

1107999-7



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

MLJ LAND LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 03, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 12TH*  
*day of NOVEMBER A.D. 2021 .*

*Jesse White*

Form <b>LLC-5.5</b>	<b>Illinois Limited Liability Company Act Articles of Organization</b>	<b>FILE # 11079997</b>
Secretary of State Jesse White Department of Business Services Limited Liability Division www.ilsos.gov	Filing Fee: \$150  Approved By: <u>AJW</u>	FILED NOV 03 2021 Jesse White Secretary of State

1. Limited Liability Company Name: MLJ LAND LLC
2. Address of Principal Place of Business where records of the company will be kept:  
8205 BURGUNDY DRIVE NORTH  
PINELLAS PARK, FL 33781
3. The Limited Liability Company has one or more members on the filing date.
4. Registered Agent's Name and Registered Office Address:  
  
KIRK R MARTIN  
33534 E CR 930N  
MASON CITY, IL 62664-7105
5. Purpose for which the Limited Liability Company is organized:  
"The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act."
6. The LLC is to have perpetual existence.
7. Name and business addresses of all the managers and any member having the authority of manager:  
  
MYCKO, MARCIA JO  
8205 BURGUNDY DRIVE NORTH  
PINELLAS PARK, FL 33781  
  
HALL, LISA KATHLEEN  
1038 GRANT AVENUE  
GRAND HAVEN, MI 49417  
  
PEKRUL, JULIE ELIZABETH  
5817 GLENCOVE DRIVE #405  
NAPLES, FL 34108

8. **Name and Address of Organizer**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: NOVEMBER 03, 2021

MARCIA JO MYCKO  
8205 BURGUNDY DRIVE NORTH  
PINELLAS PARK, FL 33781