

L25000031218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

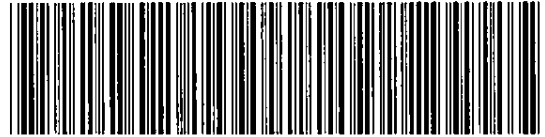
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2025 JAN 24 PM 9:47

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2025 JAN 24 AM 9:17

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Handwritten mark

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/24/2024

**\*\*WALK IN\*\***

ENTITY NAME MJ GARAGE LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED 125.00

ACCOUNT #: I20160000072

*E R J/M*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** MJ Garage 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:

Sandra Torres  
Name of Person

CPA Tax Solutions LLC  
Firm/Company

500 NW 6th Street  
Address

Okeechobee, FL 34972  
City/State and Zip Code

sandra@cpataxsolutions.net  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Sandra Torres      863      357-1099  
 Name of Person      at (      )      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:

MJ Garage 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:**

3443 Rhododendron Road  
Lake Placid, FL 33852

3443 Rhododendron Road  
Lake Placid, FL 33852

**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:

Matthew F. Jones

Name

3443 Rhododendron Road

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

Lake Placid

FL

33852

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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2/10/07 10:11 AM

WJ

**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:**

MGR \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Matthew F. Jones  
3443 Rhododendron Road  
Lake Placid, FL 33852  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

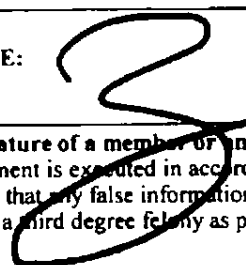
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**

  
\_\_\_\_\_  
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.  
Matthew F. Jones  
\_\_\_\_\_  
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)