

218000245888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

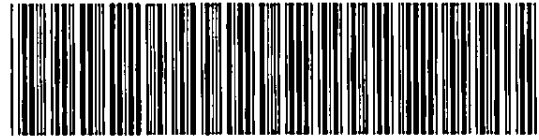
(Business Entity Name)

(Document Number)

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OCT 23 2018
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SECRETARY OF STATE
DIVISION OF CORPORATION
18 OCT 19 AM 9:30
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

101 Monument, 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:

617 Acorn Ct., St. Johns, FL 32259

617 Acorn Ct., St. Johns, FL 32259

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:

Aaron Dunn

Name

617 Acorn Ct.

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

St. Johns

FL

32259

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..

✓ Aaron Dunn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE OF FLORIDA
DIVISION OF CORPORATION
18 OCT 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

Name and Address:

Aaron Dunn _____

617 Acorn St. _____

St. Johns, FL 32259 _____

AMBR _____

Paula Rukab _____

8326 Riding Club Rd. _____

Jacksonville, FL 32256 _____

AMBR _____

Lila Rukab _____

2932 Alarado Ave. _____

Jacksonville, FL 32217 _____

(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:

✓ Aaron Dunn _____

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.

✓ Aaron Dunn _____

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)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
18 OCT 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA