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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CLARA GIRALDO EMPLOYEE AGENT  
Account Number : T1999000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
MONTERRUBIO, LLC.

Certificate of Status	0
Certified Copy	1
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2021 FEB -3 AM 8:29

J. FASON  
FEB 09 2021

2021 FEB -8 AM 6:28

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**MONTERRUBIO, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MONTERRUBIO, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**11025 WATERCREST CIR E  
PARKLAND, FL. 33076**

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The mailing address shall be:

**11025 WATERCREST CIR E  
PARKLAND, FL. 33076**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**ANTONIO M. CABALLERO**

**11025 WATERCREST CIR E**  
Florida Street address (P.O.BOX NOT acceptable)  
**PARKLAND, FL. 33076**  
City, State, and 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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ANTONIO M. CABALLERO  
11025 WATERCREST CIR E  
PARKLAND, FL. 33076

MANAGER

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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANTONIO M. CABALLERO  
Typed or printed name of signee