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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : THE TAX GROUP INC

Account Number : I20180000051 Phone : (305)223-4648

Fax Number : (786)361-1360

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

Email Address: Computar. ramin @ gmail. com

FLORIDA LIMITED LIABILITY CO.

MONARCHY MANAGEMENT & REAL ESTATE GROUP LL

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:		_	Section Corporations	
SUBJE	ECT:	MONA	ARCHY MANAGEMENT & R Name o	EAL ESTATE GROUP LLC Limited Liability Company
The en	close	d Article	s of Organization and fee(s)	are submitted for filing.
Please	retun	n all con	respondence concerning this	matter to the following:
	LIZE	TTE LL	ORET	
				Name of Person
			· · ···	Firm/Company
				. ,
	1570	NE 19	IST STREET APT 430	Address
	MIAI	VI FL 3	3179	
				City/State and Zip Code
	lloret	tiiz88@c	gmail.com E-mail address: (t	be used for future annual report notification)
For fur	ther in	formatio	on concerning this matter, ple	
<u>LI:</u>	ZETTI	E LLOR	,	at (
		N	ame of Person	Area Code Daytime Telephone Number
Enclos	ed is a	a check	for the following amount:	
\$125.0	0 Filin	ng Fee	\$130,00 Filing Fee & Certificate of Status	
			Maijing Address New Filing Section	Street Address New Filing Section Division
		I	Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32314	Tallanassee, FL 32303

H 23000 26 26 6183

ATX:

MONARCHY MANAGEMENT & REAL ESTATE GROUP LLC ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY				
ARTICLE - Name:				
The name of the Limited Liability Company is				
,				
MONARCHY MANAGEMENT & REAL ESTATE GROUP LLC				
(Must contain the words "Limited Liability." "L.L.C.," or "LLC.")				
ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability Company is:				
Drivatural Office Address	Mailing Address.			
Principal Office Address:	Mailing Address:			
Principal Office Address: 1570 NE 191ST STREET	Mailing Address:			
				
1570 NE 191ST STREET	1570 NE 191ST STREET			
1570 NE 191ST STREET APT 430	1570 NE 191ST STREET APT 430			
1570 NE 191ST STREET APT 430	1570 NE 191ST STREET APT 430 MIAMI, FL 33179			
1570 NE 191ST STREET APT 430 MIAMI, FL 33179 ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own	1570 NE 191ST STREET APT 430 MIAMI, FL 33179 Registered Agent's Signature: Registered Agent You must designate an individual or			
1570 NE 191ST STREET APT 430 MIAMI. FL 33179 ARTICLE III - Registered Agent, Registered Office, &	1570 NE 191ST STREET APT 430 MIAMI, FL 33179 Registered Agent's Signature: Registered Agent You must designate an individual or			

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, FS.

Registered Agen's Signature (REOUIRED)

(CONTINUED)

PILED

123 JUL 31 PH 5: 10

1 AMASSIE (19)

MONARCHY MANAGEMENT & REAL ESTATE GROUP LLC ARTICLE IV-

. . . .

ATX1

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

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
AMBR	LIZETTE LLORET			
AMIDA	1570 NE 191ST STREET, APT 430			
	MIAMI, FL 33179			
	MICHII, FE 33178			
AMBR	DUNIA TUERO			
	15950 NW 20TH AVE			
	MIAMI GARDENS, FL 33054			
	Mill Of Copper of Copper			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be safter the date of filing.)	of filing:			
-	eet the applicable statutory filing requirements, this date will not be listed as			
the document's effective date on the Department of	• •			
the decement's effective date of the Department C) Otale 3 1000/03.			
ARTICLE VI: Other provisions, if any.				
DUNIA TUERO 50%				
IZETTE LLORET 50%				
REQUIRED SIGNATURE:	£			
Signature of a	member or an authorized representative of a member.			
	ccordance with section 605.0203 (1) (b). Florida Statutes.			
I am aware that any false information submitted in a document to the Department of State				
	y as provided for in s.817 155, F.S			
·				
LIZETTE LLORET	-			

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)