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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

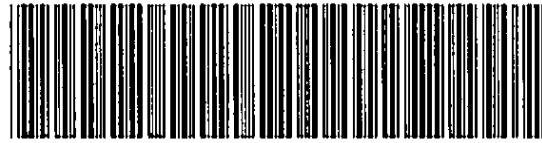
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MONUMENT FACILITY SERVICES 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:

EMILY PAGAN  
Name of Person  
MONUMENT FACILITY SERVICES LLC  
Firm/Company  
14808 MOZAMBIQUE CT  
Address  
HAYMARKET VA 20169  
City/State and Zip Code  
EMILY@MONUMENTFS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMILY PAGAN at (703) 864-8068  
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

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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. MONUMENT FACILITY SERVICES, L.L.C.
(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. VIRGINIA 46-1939698
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 6/1/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14808 MOZAMBIQUE CT 14808 MOZAMBIQUE CT
(Street Address of Principal Office) (Mailing Address)
HAYMARKET VA 20169 HAYMARKET VA 20169

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

Name: EMILY PAGAN
Office Address: 9116 NEW ORLEANS DRIVE
ORLANDO, Florida 32818
(City) (Zip code)

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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.

[Handwritten Signature]
(Registered agent's signature)

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]:

**Title or Capacity:** **Name and Address:**

Manager Name: SALVADOR RODRIGUEZ  
 Member Address: 14808 MOZAMBIQUE CT  
 Authorized HAYMARKET VA 20169  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: EMILY PAGAN  
 Member Address: 14808 MOZAMBIQUE CT  
 Authorized HAYMARKET VA 20169  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

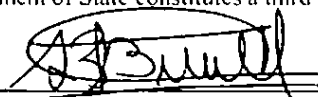
Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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**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

SALVADOR RODRIGUEZ  
 \_\_\_\_\_  
 Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

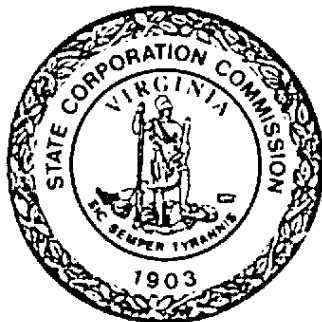
I Certify the Following from the Records of the Commission:

That MONUMENT FACILITY SERVICES, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on February 4, 2013; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 14, 2020

*Joel H. Peck*

Joel H. Peck, Clerk of the Commission