## L04000004578

(Requestor's Name)
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PICK-UP WAIT MAIL
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: DONALD R. MONTES LLC (Name of Limited Liability Company)
(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:
DONALD R. MONTES  (Name of Person)
(Firm/Company)
710 COLLINS DR. (Address)
TALL., FL. 32303 (City/State and Zip Code)
For further information concerning this matter, please call:
DONALD R. MONTES at 850 510-5251 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines Street  Tallahassee, Florida 32399  MAILING ADDRESS:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
DONALD R. MONTES LLC				
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company is:	n_			
Principal Office Address: Mailing Address:	-			
TALL., FL. 32303	<u>_</u>			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:				
The name and the Florida street address of the registered agent are:				
DONALD R. MONTES				
710 COLLINS DR.				
Florida street address (P.O. Box NOT acceptable)				
City, State, and Zip				
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 608, F.S				
Duare C. Orontes				
Registered Agent's Signature				

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR R	DONALD R. MONTES
	710 COLLINS DR.  TALL., FL. 32303
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	FLORITA W
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DONALD

Typed or printed name of signee

## Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)