

L04000008353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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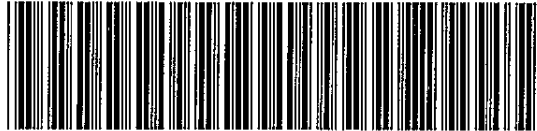
(Business Entity Name)

(Document Number)

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04 JAN 30 AM 11:32
DEF. STATE
TALLAHASSEE, FLORIDA

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04 JAN 30 PM 1:57
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TALLAHASSEE, FLORIDA

Charter Number Only

1/29/04

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

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04 JAN 30 PM 1:57
SEALING STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Tom Monaco, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

CERTIFIED COPY



Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Article 1
Name

The name of the Limited Liability Company is: TOM MONACO, LLC.

Article 2
Address

The mailing address and street address of the principal office of the Limited Liability Company is:

4076 S. 125th Ave.
Lake Worth, FL 33467

Article 3
Purposes

The company may engage in any and all lawful activities for which limited liability companies may be organized under the Florida Limited Liability Company Act.

Article 4
Duration

The term of existence of the company shall be perpetual.

Article 5
Contributions to Capital

The contribution of a member may be in cash, property or services rendered, or a promissory note or other obligation to contribute cash or property or to perform services.

Article 6
Registered Agent, Registered Office & Registered Agent's Signature

Name: Tom Monaco

Address: 4076 S. 125th Ave.
Lake Worth, FL 33467

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

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TALLAHASSEE, FLORIDA

my duties, and I am familiar with and accept the obligations of my position as registered agent provided for in Chapter 608, F.S.


Registered Agent's signature

(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.)

Tom Monaco
Signee