

L04000028906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

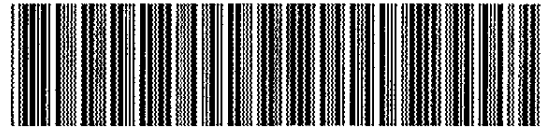
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500032077555

04/08/04--01035--005 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR - 8 PM 12:23

L04/15/04

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HCI-MONETTECH, LLC  
(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:

D. John Won

(Name of Person)

HCI-MONETTECH, LLC

(Firm/Company)

400 Clematis Street, Suite 207

(Address)

West Palm Beach, Florida 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

D. John Won

(Name of Person)

at ( 561 ) 876-7029

(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

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
04 APR -8 PM 12:23

ARTICLES OF ORGANIZATION  
FOR  
HCI-CI, LLC

**ARTICLE I – NAME**

The name of the Limited Liability Company is **HCI-MONETTECH, LLC**.

**ARTICLE II – ADDRESS**

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

**Principal Office Address**

400 Clematis Street, Suite 207  
West Palm Beach, FL 33401

**Mailing Address**

400 Clematis Street, Suite 207  
West Palm Beach, FL 33401

**ARTICLE III – REGISTERED AGENT**

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

D. John Won  
HCI | integrated solutions  
400 Clematis Street, Suite 207  
West Palm Beach, FL 33401

*Having been named as registered agent and to accept service for the above stated limited liability company at the place designated in this certificate, I hereby accept 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, Florida Statutes.*



Registered Agent's Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR -8 PM 12:23

**ARTICLE IV – MANAGER(S) OR MANAGING MEMBER(S)**

**Title**

**Name and Address**

Managing Member

HCI | integrated solutions  
400 Clematis Street, Suite 207  
West Palm Beach, FL 33401  
Authorized Representative: D. John Won

Member

Monettech, L.C.  
6748 Old McLean Village Drive  
McLean, VA 22101  
Authorized Representative: Scott Monet

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a Member or 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.)



\_\_\_\_\_  
Typed or Printed Name of Signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR - 8 PM 12:23