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OLVISION OF CORPORATIONS

OLVISION OF CORPORATIONS

EFFECTIVE DATE 4



# TRANSMITTAL LETTER

	istration Section ision of Corporations	
SUBJECT:	Mono Enterprises, 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:	
	Monika K. Gurnée	
	(Name of Person)	_
	(Firm/Company)	<b>D</b>
	2949 Park Village Way	OF INSERT
<u></u>	(Address)	O4 JUL -7
	Melbourne, FL 32935	-1 FEE
	(City/State and Zip Code)	PH S
For further in	nformation concerning this matter, please call:	RATIOHS 2: 49
	Monika Gurnée at ( 321 ) 960-0752	
	(Name of Person) (Area Code & Daytime Telephone Number)	<del></del>

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

Mono Enterprises, LLC			_
ARTICLE II - Addre The mailing address ar		principal office of the Limited Liability Compa	any is:
Principal Office Add	ress:	Mailing Address:	
2949 Park Village Way		2949 Park Village Way	_
Melbourne, FL 32935		Melbourne, FL 32935	二号
_	stered Agent, Register	ed Office, & Registered Agent's Signature:	ISLAN OF CORPORATION
_	• •	e registered agent are.	JSIGH OF CORPURATION
<u> </u>	rida street address of the	. Gumée	ISION OF CORPORATION
<u> </u>	rida street address of the Monika k	. Gumée	ISION OF CORPORATION
_	rida street address of the Monika k Nar 2949 Park	. Gumée	ISION OF CORPURATIONS
_	rida street address of the Monika k Nar 2949 Park	. Gumée ne /illage Way	ISION OF CORPORATION

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED) DZ/OZ/OY

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member Monika K. Gumée 2949 Park Village Way Melbourne, FL 32935 (Use attachment if necessary) Acticle II - Effective Date: July 2, ZDOO4 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.)

Monika K. Gurnée 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)