Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000180112 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

montico industries, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

211081 OUO HOH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

F	ORGANIZATION FOR LIABILITY COMPANY ALL ALL ALL ALL ALL ALL ALL
ARTICLE I - Name: The name of the Limited Liability Company is:	
MONTICO INDUSTRIES L	711
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17234 NW 48th Avenue Miami, Florida 33055	17234 NW 48th Avenue Miami, Florida 33055
RTICLE III - Registered Agent, Registered The name and the Florida street address of the re	Office, & Registered Agent's Signature: egistered agent are:
	-
HORACIO F. RAMA	AL
	enua -

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 eyent 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

HORACIO F. RAMAL

Page 1 of 2 (CONTINUED)

HOY000180112

SIIOXICCO POH

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	RICARDO C. MONTI
	RUA SAO PEDRO 154 SALA-706 CENTRO NITEROI E
•	
(Use attachment if necessary)	
NOTE: An additional article mu	ist be hoded if an effective dute is requested.
required signature:	M.
Rignature of a member of	an authorized representative of a member.
	AFON-108(1), Florida Statutes, the execution is an affirmation under the penalties of perjury are true.)
mer life racia viried iferent	er- mark

Filing Ferry
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Doxignation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of Z

TI1081 000 HOH

Mark Son Old Indian