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(F	Requestor	's Name)	
A)	ddress)	<u> </u>	
4)	ddress)		
(0	ity/State/	Zip/Phone #	7)
PICK-UP		WAIT	MAIL
(B	usiness l	Intity Name)
(D	ocument	Number)	
Certified Coples	c	ertificates o	f Status
Special Instructions to	Filing O	fficer:	
vame Availability			
Document Examine	D SS		
Updater	- Office	e Use Only	
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Acknowledgement	DCC	THE RESIDENCE OF THE PARTY OF T	
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2005 FEB 21 P 3 37
SECRETARY OF STATE
ARCHITECTURE OF STATE
ARCHIT

TRANSMITTAL LETTER

	ration Secon of Corp					
SUBJECT: M	NT II Inv	estments, LLC (Name of Limited	d Liability Co	mpany)		
The enclosed As	rticles of	Organization and fee(s) are s	ubmitted for f	iling.		
Please return all	correspo	indence concerning this matte	er to the follow	ving;		
G	ary Turr		Name of Person			
		· ·	varie of r grade	,		
	·		Firm/Company	}		
		,		•		
200	Ocean A	venue, Ste. 202	(Address)			
			(riddiosa)			
	Melbo	urne Beach, Florida 32951		N- 2-A		
		(City)	/State and Zip (Loge)		
For further info	rmation c	oncerning this matter, please	call:			
Gary Turner	.1.		at (321	952-2894	to Constant	
	(Name	of Person)	(Area	Code & Daytime Te	nepnone Number)	
Enclosed is a	check fo	r the following amount:				
⊉ \$125.00 Fili	ng Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified (O Filing Fee & Copy (sopy is enclosed)	Certified Copy (additional copy is engle	Fee,
	Registr Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	DDRESS: CET FLOR	P 3 37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MNT II Investments, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
200 Ocean Avenue, Ste. 202	
Melbourne Beach, Florida 32951	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Gary Turner	
Name	
200 Ocean Avenue, Ste. 202	
Florida street add	ress (P.O. Box NOT acceptable)
Melbourne Beach, Fl 32951	וּד
City, State, at	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	secrept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the grovisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapty 6085F.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:	
MGRM	Gary Turner	
	200 Ocean Avenue Ste. 202	
	Melbourne Beach, Florida 32951	
MGRM	Robert Morse	
	200 Ocean Avenue, Ste. 202	
	Melbourne Beach, Florida 32951	
MGRM	Sameer Nasrallah	-
	480 Spoonbill Lane	
	Melbourne Beach, Florida 32951	
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:	•	
REQUIRED SIGNATURE.		
Signature of member or	an authorized representative of a member.	
(In accordance with section	a 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury	
Gary Turner	TAI SI	
Typed	or printed name of signee	i
Filing Fees:	TEB 2	•
\$125.00 Filing Fee for Articles of Organiza of Registered Agent	60-4	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Sales Carlo	
a sun certificate of Status (Obtional)		