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2005 JUL 10 IN 10: 31
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	ECT:	Mom & Monte, I (Name of Limited	I.C. d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
	Clifford	l B. Shepard	Name of Person)	
			value of refson)	
	Langston		pard & Augustine, P	.A.
		(Firm/Company)	
	111 S. M	Maitland Avenue		
			(Address)	
	Maitland			
		(City	/State and Zip Code)	芝 公
For fur	ther information	concerning this matter, please	call:	ZIRIS JUL 10 AH ID: 3 SECRETARY OF STATI ALLAHASSEE, FLOAI ON THE STATI ON THE STAT
	Clifford	B. Shepard	at (407) 629-432	23 SEG -
Enclos	(Name	of Person) or the following amount:	at (407) 629-432 (Area Code & Daytime T	elephone Number)
□ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mom & Monte	, LLC						
(Must end with the wor	ds "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLC	C," or "L.C.,")				
ARTICLE II - A	ddwaen						
		of the principal office of the Limited L	iability Compan	v ie.			
The maning addit	ing street address	of the principal office of the Emilion E	naomity Compan	y 13.			
Principal Office Address:		Mailing Address:	Mailing Address:				
271 W. Horatio Avenue		271 W. Horatio Avenue					
Maitland, FL 32751		Maitland, FL 32751					
arttand, 1B	32731	naterand, 11 32/31					
business entity with an	active Florida registration.)	own Registered Agent. You must designate an indiv					
The name and the	Florida street address		GUL 10	grown first			
The name and the			JUL 10 RETARY AHASSEI	grown and the			
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The name and the	Clifford B. S	hepard Name	JUL 10 AH RETARY OF AHASSEE.F	الإلىد			
The name and the	Clifford B. S	hepard Name nd Avenue	JUL 10 AH 10: 3 RETARY OF STATA AHASSEE.FLORI	الإلىد			
The name and the	Clifford B. S 111 S. Maitla Florida Maitland	hepard Name nd Avenue a street address (P.O. Box <u>NOT</u> acceptable)	JUL 10 AH 10: 3 RETARY OF STATA AHASSEE.FLORI	الإلىد			

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	Name and Address: Member	
MGRM	Kenneth Montgomery Mitchell 271 W. Horatio Avenue Maitland, FL 32751	
		_
		<u> </u>
(Use attachment if nec	essary)	
ARTICLE V: Effective date,	f other than the date of filing: (OPT) he date must be specific and cannot be more than five busine	IONAL) ss days prior
<u>REQUIRED</u> SIGNA	FURE: (SSEE, FLORING CONTROL OF STATE	
	ature of a member or an authorized representative of a member.	1 ==
(In a	ecordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjury at the facts stated herein are true.)	,
-	Kenneth Montgomery Mitchell	
	Typed or printed name of signee	
Filing Fees		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)