

LD70000004503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

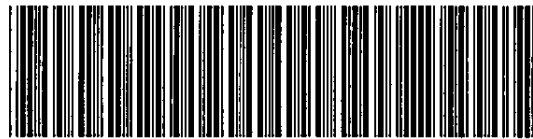
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

9/1/12

~~1/17/12~~

Office Use Only



900082566549

12/18/06--01028--011 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 11 PM 1:54

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MONEY TRADE ENT  
(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:

Daniel Baptiste, Wesley Petit-Bien, Lebert Aladin  
(Name of Person)

MONEY TRADE ENT, LLC  
(Firm/Company)

4609 Dominion DR  
(Address)

Naples FL 34112  
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel, Wesley, Lebert at ( 239 ) 398-3244  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2006

DANIEL BAPTISTE  
4609 DOMINION DRIVE  
NAPLES, FL 34112

SUBJECT: MONEY TRANE ENT, LLC  
Ref. Number: W06000054748

We have received your document for MONEY TRANE ENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person may serve as registered agent for an LLC.,

The registered agent must sign accepting the designation.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 18, 2006. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 506A00072235

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MONEY TRANE ENT, LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

4609 Dominion Dr  
Naples FL 34112

**Mailing Address:**

4609 Dominion Dr  
Naples FL 34112

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Daniel Baptiste  
Name  
4609 Dominion Dr  
Florida street address (P.O. Box **NOT** acceptable)  
Naples FL 34112  
City, State, and Zip

*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, F.S..*

D. Baptiste  
Registered Agent's Signature. (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN 11 PM 1:55

**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

**Name and Address:**

MGR

Daniel Baptiste  
5314 CAIDWELL ST  
Naples FL 34113

MGR

Wesly Petit-Bien  
4609 Dominion Dr  
Naples FL 34112

MGR

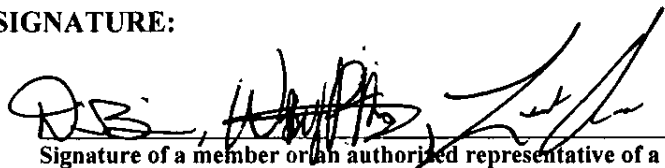
Lebert Aladin  
2185 Greenback Cir Apt-7-103  
Naples FL 34112

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(If an effective date is listed; the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.)

Daniel Baptiste, Wesley Petit-Bien, Lebert Aladin  
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)**