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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration Se Division of Cor		
SUBJE	ECT:	MOM	NA HOLDING, LLC
5000			ited Liability Company
The en	closed Articles of	Organization and fee(s) are	e submitted for filing.
Please	return all correspo	ndence concerning this mat	atter to the following:
		МОН	HANNAD ALMALKI
			Name of Person
		MON	NA HOLDING, LLC
			Firm/Company
		5813 BU	JTTERFIELD STREET Address
			Aduless
			ERVIEW, FL 33578 City/State and Zip Code
			lki@amh2ochem.com
•		E-mail address: (to be used	for future annual report notification)
For fur	ther information co	oncerning this matter, pleas	se call:
		AD ALMALKI	at (<u>813</u>) <u>220-4703</u>
	Name of	T Person	Area Code & Daytime Telephone Number
Enclos	sed is a check for	the following amount:	
]\$125.	00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
MONA HOLDIN (Must end with the words "Limited Liabilit	VG, LLC by Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5813 BUTTERFIELD STREET RIVERVIEW, FL 33578	SAME AS PRINCIPAL ADDRESS
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
C.T. CORPORATI	-
Name	
1200 SOUTH PINE Florida street address (P.O. I	
PLANTATION, FL 33324 City, State, and	A final
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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
- Darloia (Berke Zes 3
Registered Agent's Signatu	Barbara A. Burke
(CONTINU	JED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

		Name and Address:
"MGR" = Manage "MGRM" = Mana		
MGR	_	MOHANNAD ALMALKI
<u>.</u>	_	5813 BUTTERFIELD STREET
		RIVERVIEW, FL 33578
MGRM	_	MOHANNAD ALMALKI
		5813 BUTTERFIELD STREET
		RIVERVIEW, FL 33578
	_	
	_	
(Use attachment if	f necessary)	
•	•	
LE V: Effective d	ate, if other than the d	late of filing: (OPTIONAl
ffective date is liste	ate, if other than the ded, the date must be	date of filing: (OPTIONAl specific and cannot be more than five business day
LE V: Effective deffective date is listed days after the date	ate, if other than the ded, the date must be te of filing.)	date of filing: (OPTIONAl specific and cannot be more than five business day
LE V: Effective da ffective date is listed days after the data REQUIRED SIG	ate, if other than the ded, the date must be te of filing.) NATURE:	specific and cannot be more than five business day
LE V: Effective deffective date is listed days after the date of t	ate, if other than the ded, the date must be te of filing.) NATURE: Signature of a member	specific and cannot be more than five business day or an authorized representative of a member.
LE V: Effective defective defective date is listed days after the date of the days after the date of the date of the days after t	ate, if other than the ded, the date must be te of filing.) NATURE: Signature of a member (In accordance with sect	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution lutes an affirmation under the penalties of perjury
LE V: Effective defective defective date is listed days after the date of the days after the date of the date of the days after t	ate, if other than the ded, the date must be the of filing.) NATURE: Signature of a member (In accordance with sect of this document constituted that the facts stated here	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.) DHANNAD ALMALKI
LE V: Effective defective defective date is listed days after the date of the days after the date of the date of the days after t	ate, if other than the ded, the date must be the of filing.) NATURE: Signature of a member (In accordance with sect of this document constituted that the facts stated here	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)

of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)