

#L 12000024408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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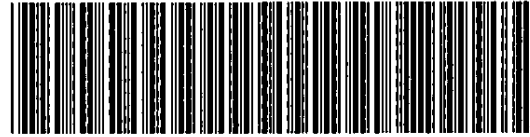
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALLY
EXAMINER
FEB 20 2012

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Montego Bay Trust, LLC
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:

Natalie M. Adams

Name of Person

Natalie M. Adams, P.A.

Firm/Company

1640 W. Oakland Park Blvd., # 303

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

natalie@nmacpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie M. Adams

Name of Person

at (954) 616-6500

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

**ARTICLES OF ORGANIZATION
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I:

The name of the Limited Liability Company is:
Montego Bay Trust, LLC

ARTICLE II:

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

Principal Office Address:
2262 SW 87th Terrace
Miramar, FL 33025

Mailing Address:
P.O. Box 823403
South Florida, FL 33082

ARTICLE III:

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:
Natalie M. Adams, P.A.
1640 W. Oakland Park Blvd., #303
Fort Lauderdale, FL 33311

Having been named as the registered agent and to accept service of process for the above stated professional 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..



Registered Agent's Signature

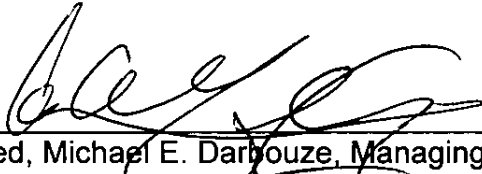
ARTICLE IV: Manager or Managing Member:

The name and address of the Managing Members:

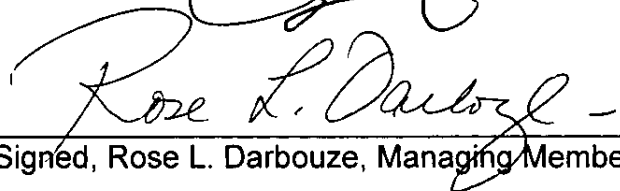
Michael E. Darbouze, Managing Member
P.O. Box 823403
South Florida, FL 33082

Rose L. Darbouze, Managing Member
P.O. Box 823403
South Florida, FL 33082

ARTICLE V: Effective date is the date of filing.



Signed, Michael E. Darbouze, Managing Member



Signed, Rose L. Darbouze, Managing Member