

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 NOV 14 AM 8:38

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Monaco FL - LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

From:

11/14/2013 03:41

#619 P.002/003

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Monaco FL - LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

**3801 NE 2nd Avenue
Miami, FL 33137**

Mailing Address:

**c/o Domus Design Center Inc.
136 Madison Avenue
New York, New York 10016**

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:

National Corporate Research, Ltd., Inc.

Name

155 Office Plaza Drive

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

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.

Ann Marie Curran

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H13000252546 3)))

From:

11/14/2013 03:42

#619 P.003/003

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:

<u>MGRM</u>	<u>Nader Hakakian</u> <u>34 Elmridge Road</u> <u>Great Neck NY 11024</u>
<u>MGRM</u>	<u>Babak Hakakian</u> <u>186 Fifth Avenue</u> <u>New York NY 10010</u>
<u>MGRM</u>	<u>Siamak Hakakian</u> <u>11 Pine Tree Drive</u> <u>Kings Point NY 11024</u>
<u>MGRM</u>	<u>Daniel Hakakian</u> <u>20 Park Avenue</u> <u>New York NY 10016</u>

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Siamak Hakakian

Typed or printed name of signer

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)

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