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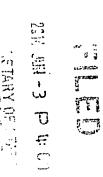
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
WIH-	27588	

Office Use Only



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B. 30STICK
JUN 1 0 2014

EXAMINER

COVER LETTER

TO: * Registration				
SUBJECT:	Le <u>Montage</u> Name d'Lin	LLC mited Liability Company		
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	٠	
Please return all corre	espondence concerning this m	natter to the following:		
	Ruderick R.	Hubbard Name of Person		
		Firm/Company	·	
<i>P.</i>	0. Box 833	Address		
	akeside MT	59929		
ro	drrhdev e ya E-mail address! (to be use	Address 59999 City/State and Zip Code 600 COM d for future annual report notifica	ation)	
	on concerning this matter, ple			organis #
Rod Hu Nar	hbard at (_	406) 844-0 Area Code Daytime Te	Jephone Number	Control of the Contro
Enclosed is a check for	or 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)	
<u>Ma</u>	iling Address	Street/Courier Add	ress	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
le Montage 16C			
Le Montage LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "L	LC.")	,	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	ıny is:		
Principal Office Address: Muntage LLC Mailing Address: GO Michaelson Group 12442 San Juse Blvd, Snite 604 Le Montage LLC C/U R Jacksonville EL 32222 P.O. Box P32 Lakeside, MT 5	ed Hubb 9922	eard	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must design another business entity with an active Florida registration.)	ate an indivi	dual or	
The name and the Florida street address of the registered agent are:			
Michael Moses Name 19443 San Jose Blvd Suite 6 Florida street address (P.O. Box NOT acceptable)	:04		
Tacksonville IL 32923 City Zip			
Having been named as registered agent and to accept service of process for the above stated the place designated in this certificate, I hereby accept the appointment as registered agent capacity. I further agree to comply with the provisions of all statutes relating to the proper a of my duties, and I am familiar with and accept the obligations of my position as registered (Chapter 605, F.S.) Registered Agent's Signature (REQUIRED)	t and agree to and complete	o act in i perform	this iance
(CONTINUED)	-	27	
Page 1 of 2	HASSEE, FLORING	11. 3 H-3 P + 00	

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	rolar V P H Hand
Manager	Roderick R. Hubbard R.D. Bur 132 Lakeside, MT 59922
,	f.0, Box 332
	LAKESIAE, MT 57922
	
Use attachment if necessary)	
	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
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REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0	per or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0 constitutes an affirmation under the	per or an authorized representative of a member. 1203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 150 tion submitted in a document to the Department of State
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Page 2 of 2



May 1, 2014

RODERICK R. HUBBARD POST OFFICE BOX 833 LAKESIDE, MT 59922

SUBJECT: LE MONTAGE LLC Ref. Number: W14000027588

We have received your document for LE MONTAGE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 114A00009329