

L14 000093034

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2014 JUN -3 P 4:00
CLERK OF SUPERIOR COURT
MASSACHUSETTS

B. BOSTICK

JUN 10 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Le Montage 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:

Roderick R. Hubbard
Name of Person

Firm/Company

P.O. Box 833
Address

Lakeside, MT 59922
City/State and Zip Code

rodrrhdev@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Rod Hubbard at (406) 844-0288
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

FILED
2011 JUN - 3 P 4:00
TALLAHASSEE, FL
CLERK OF COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Le Montage 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: Le Montage LLC
c/o Michaelson Group
12443 San Jose Blvd, Suite 604
Jacksonville FL 32222

Mailing Address:

Le Montage LLC c/o Rod Hubbard
P.O. Box 832
Lakeside, MT 59922

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:

Michael Moses

Name

19443 San Jose Blvd, Suite 604

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

Jacksonville

City

FL

32222

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 605, F.S.

Michael Moses

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2016 JUN -3 P 4:00
CLERK OF COURT
JASPER, FL 32017

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Roderick R. Hubbard

P.O. Box 232

Lakeside, MT 59922

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Roderick R. Hubbard

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Roderick R. Hubbard

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)

FILED
2011 JUN -3 P 1:01
CLERK OF THE
SASSEL FOR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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), Authorized Person (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

FILED
JUN -3 P 11:00
TALLAHASSEE, FLORIDA