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## Florida Department of State

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## FLORIDA LIMITED LIABILITY CO.

Monitor America FL, LLC

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## COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	Monitor America FL, LLC					
OCHILCI,	Name of Lin	nited Liability	Company	<del></del>		
The enclosed	Articles of Organization and fee(s) a	re submitted fo	or filing.			
Please return	al) correspondence concerning this it	natter to the fol	llowing:			
_	Elyse Ciarleglio				<u> </u>	281
	· ·	Name of Pa	erson		it is	<u>.                                    </u>
	Monitor America, LLC				流行	
-		Finn/Com	pany		60 C	$\circ$
	One Penn Plaza, Suite 4	000				THE OFFICE AND
_		Addres	6		<u> </u>	44
	New York, NY 10119				igg week EuJf↑i	-
_		City/State and .	Zip Code			
elv	se@sw24.com					
	E-mail address: (to be use	d for future ar	mual report notifica	tion)		
For further in	formation concerning this matter, ple	ase call:				
Peter G	Soldringat (	516	640-1410			
,	Name of Person	Area Code	Daytime Tel	ephone Number		
Enclosed is	check for the following amount:					
<b>□ \$</b> 125.00 Fili	ng Fee S130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & I Copy copy is enclosed)	S160.00 Filin Certificate of Certified Cop (additional copy	ΓStatus & Dy	1)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Talluhussee, FL 32314	R 13 0 2	treet/Courier Add registration Section Division of Corporat Hifton Building 661 Executive Cent fullnasses, FL 3236	ions er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

Monitor Amer				
MOLIKOL WIND!	rica FL, LLC			20
	(Must end with the words "Limit	ed Liability Co	mpany, "L.L.C.," or "LL	C.")
ARTICLE II - Add	ress:			2014
	and street address of the principa	l office of the L	imited Liability Company	yis: (g)≹ 👝
rincip <del>al</del> Office Ad	dress:	Mailing	Address:	
One Penn Plaz			Plaza, Suite 4000	<u></u>
New York, NY 101	19	New You	k. NY 10119	
	0.50			
	Na 1200 South F	ration System me Pine Island Roa		
	Na	me Pine Island Roa		
	Na  1200 South F Florida street address (P.O. F	me Pine Island Roa	333 <u>24</u>	
	Na 1200 South F Florida street address (P.O. F	me <u>Pine Island Roa</u> Box <u>NOT</u> accep	otable)	

Page 1 of 2

13.012 - 02.04.2014 Wolfers Klumer Onbas

Title: AMBR" = Authorized Member	Name and Address:	2814 JUL 10
MGR" = Manager		<b>_</b>
MGR	Monitor America, LLC	<u> </u>
	One Penn Plaza, Suite 4000	3 .
	New York, NY 10119	
<del></del>		
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Use attachment if necessary)  V: Effective date, if other than the date	of filing: (OPT	IONAL)
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EV: Effective date, if other than the date etive date is listed, the date must be sp filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor constitutes a third degree felor	ecific and cannot be more than five business days  smber or an authorized representative of a mem) 5.0203 (1) (b), Florida Statules, the execution of the rule penalties of perjury that the facts stated herein mation submitted in a document to the Department by as provided for in s.8(7.155, F.S.)	prior to or 90 days a zer. is document are true.
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