

LIS000106367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/21/15--01004--010 \*\*78.75

06/09/15--01017--004 \*\*76.25

15 JUN 22 AM 8:45

JUN 23 2015

T. SCOTT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2015

BENJAMIN MONTAK  
1830 SW 51ST TERRACE  
PLANTATION, FL 33317

SUBJECT: MONTAK ENTERPRISES LLC  
Ref. Number: W15000037027

We have received your document for MONTAK ENTERPRISES LLC and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6052.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 015A00012938

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Montak Enterprises LLC Regarding document # W15000037027  
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:

Benjamin Montak

Name of Person

Firm/Company

1830 SW 51st Terrace

Address

Plantation, FL 33317

City/State and Zip Code

expressdrain@yahoo.com

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

For further information concerning this matter, please call:

Debra Montak

954

763-2520

at ( )

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 Address**

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:

Montak Enterprises, 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:**

1830 SW 51st Terrace  
Plantation, FL 33317

**Mailing Address:**

1830 SW 51st Terrace  
Plantation, FL 33317

**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:

Benjamin Montak

Name

1830 SW 51st Terrace

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

Plantation

FL

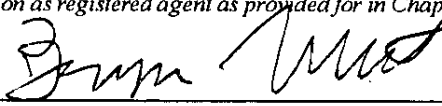
33317

City

State

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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


**Title:**

"AMBR" = Authorized Member

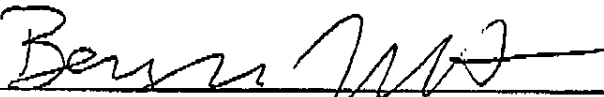
"MGR" = Manager

MGR**Name and Address:**Benjamin Montak1830 SW 51st TerracePlantation, FL 33317Asst. Mgr.Debra Montak1830 SW 51st TerracePlantation, FL 33317

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/22/15  (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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.)

Benjamin Montak

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)