

**LK50014961**

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (950) 617-6381

**From:**

Account Name : SUPERBIZ.COM, INC.  
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Phone : (800) 494-3124  
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**\*\*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.  
MONNECON LLC**

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

MONNECON LLC

**ARTICLE II ADDRESS**

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

405 SUNSHINE DRIVE

COCONUT CREEK, FLORIDA 33066

**ARTICLE III REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

OSCAR MONNETTE

405 SUNSHINE DRIVE

COCONUT CREEK, FLORIDA 33066

*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.*

x   
\_\_\_\_\_  
OSCAR MONNETTE / Registered Agent's signature

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**ARTICLE IV**

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

**AUTHORIZED MEMBER**

**OSCAR MONNETTE**

**405 SUNSHINE DRIVE**

**COCONUT CREEK, FLORIDA 33066**

**AUTHORIZED MEMBER**

**NICCO ROJAS**

**405 SUNSHINE DRIVE**

**COCONUT CREEK, FLORIDA 33066**

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X   
\_\_\_\_\_  
OSCAR MONNETTE / Authorized Representative's signature

*(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.)*

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