

L15000168663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

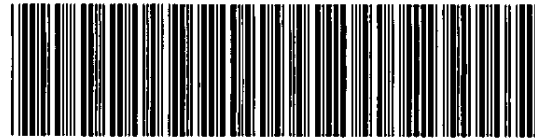
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/06/15--01001--005 **155.00

RECEIVED
2015 OCT -5 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

OCT 05 2015

T SCHROEDER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 10-5-15

- ☒ **CERTIFIED COPY** _____
- ☐ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** LLC _____

1. Montana Express LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

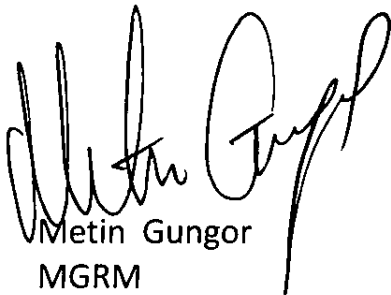
Montana Express LLc
3900 Garden Ave Apt 4
Miami Beach FL 33140

September 29th,2015

RE: Montana Express LLc
Doc No: L140000002435

Dear Sir/Madam,
Please be informed that our name is not protected and available for future use .

Sincerely,



Metin Gungor
MGRM

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

MONTANA EXPRESS LLC

ARTICLE II.

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

3900 GARDEN AVE APT 4

MIAMI BEACH FL 33140

The mailing address of the Limited Liability Company is:

3900 GARDEN AVE APT 4

MIAMI BEACH FL 33140

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

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

GUNGOR, METIN

3900 GARDEN AVE APT 4

MIAMI BEACH FL 33140

SECRET
NO FORN DISSEM
NO FORN DISSEM

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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

9.29.15
Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

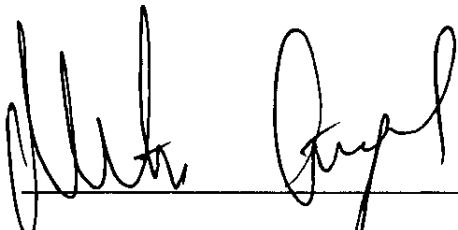
Title:

GUNGOR , METIN

MGRM

3900 GARDEN AVE APT 4

MIAMI BEACH FL 33140

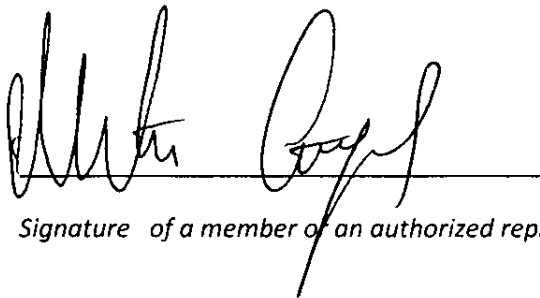


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In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.



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

9.29.15

METIN GUNGOR

Typed or printed name of signee

9.29.15

Date

SECRETARY OF STATE
PAUL HOSCHKE, JR.
TALLAHASSEE, FLORIDA

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