L15000171339

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | - |





700277595657

10/02/15--01017--020 **155.00

SECRETARY OF STATE SALL AHASSEE, FLOSIDA

OCT - 8 2015

COVER LETTER

| | egistration Section ivision of Corporations | | |
|----------------|---|-------------------|---|
| SUBJECT | Monica's Global Publishing, LLC | | |
| SOBJECT | | Limited Liabilit | y Company |
| The enclos | ed Articles of Organization and fee(s |) are submitted t | or filing. |
| Please retu | rn all correspondence concerning this | matter to the fo | llowing: |
| | Richard C. Wolfe | | |
| | | Name of I | Person |
| | Wolfe Law Miami | | |
| | | Firm/Con | pany |
| | 175 SW 7th Street, Suite 2410 | | |
| | | Addre | 58 |
| | Miami, Florida 33130 | | |
| | rwolfe@wolfelawmiami.com | City/State and | Zip Code |
| - | _ , | sed for future ar | nual report notification) |
| For further in | nformation concerning this matter, pl | ease call: | |
| | Richard C. Wolfe | 305 | 384-7370 |
| | Name of Person | () Area Code | Daytime Telephone Number |
| Enclosed is | s a check for the following amount: | | |
| \$125.00 Fi | lling Fee \$130.00 Filing Fee & Certificate of Status | Certifie | Filing Fee & \$160.00 Filing Fee, d Copy copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |) I | treet Address New Filing Section Division of Corporations Clifton Building 661 Executive Center Circle |

Tallahassee, FL 32301

2015 OCT 2 PM 1:00 'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Monica's Global Publishing, 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:

Mailing Address:

| 175 SW 7th Street, Suite 2410 Miami, FL 33130 | 175 SW 7th Street, Suite 2410 Miami, Floric |
|---|---|
| | 175 SW 7th Street, Suite 2410 Miami, Floric |
| | |

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:

| Richard C. Wolfe, I | Esq. | |
|----------------------|----------------------|----------|
| | Name | |
| 175 SW 7th Street, | Suite 2410 | |
| Florida street addre | ss (P.O. Box NOT acc | eptable) |
| Miami | Florida | 33130 |
| 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)

Page 1 of 2

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | Maria Para |
| mem/mgr | Monica Bozza |
| | 175 SW 7th Street, Suite 2410 Miami, Florida 33130 |
| | Mianii, Fiorida 55150 |
| mem/mgr | Maria Lopez |
| | 175 SW 7th Street, Suite 2410 |
| | Miami, Florida 33130 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Ose attachment if necessary) | |
| EV: Effective date, if other than the | date of filing: (OPTIONAL) |
| ective date is listed, the date must b | be specific and cannot be more than five business days prior to or 90 day |
| of filing.) | • |
| | not meet the applicable statutory filing requirements, this date will not be l |
| ment's effective date on the Departn | nent of State's records. |
| E VI: Other provisions, if any. | |
| • | |
| | |
| | |

1 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.

Typed or printed name of signee

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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)

Richard C. Wolfe