Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000129623 3)))



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To:

: (850)617-6381

From:

Account Name

: CORP USA

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Rush

## FLORIDA LIMITED LIABILITY CO.

Modern	Investr	nent	LLC
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May 31, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: MONGAR INVESTMANT LLC

REF: W16000039627

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We only received the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

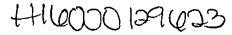
Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000013464 (MONGAR INVESTMENTS LLC).

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.

Teresa Brown Regulatory Specialist II FAX Aud. #: H16000129623 Letter Number: 516A00011363





## COVER LETTER

· · · · · · · · · · · · · · · · · · ·			
TO: Registration Section Division of Corporations			
SUBJECT: Modern Investment LLC Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filling.			•
Please return all correspondence concerning this matter to the following:			
Edualdo Gamer	2 (\$\frac{1}{2}\)	16 75	""" ) }
Name of Person	100.0		
Ed gome, P. A.		25 PM	
ranvCompuny	and the same of th	.∨>	The second second
1800 NE 114TH 57 Suite 50		2: 53	
	79-	_	
Miami Fl, 33181 City/State and Zip Code			
City/State and Zip Code			
Master@JP6 Business. com E-mail address: (to be used for future unnual report notification)			
For further information concerning this matter, please call;			
Educido Gónos 11 305, 0124 0535			
Name of Person Area Code Daytime Telephone Number			
Unclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \times \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}	d)		
Mailing Address Registration Section Registration Section			

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Talluhassee, FL 32314

Street/Courlet Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tullahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Limited Company is:	15 HAY
Modern Investment LC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	25
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	2 P
Principal Office Address: Mulling Address:	<u>ී</u> ස
9840 NW 74 Tellaco 9840 NW 74 Tellaco Donal EC, 33138 Donal EC 33138	Ê
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 temporal properties of the control of the	dual or
The name and the Florida street address of the registered agent are:	
Edualdo Gomez	
Name	
1800 NE 11474 ST. Suite 501	
Florida street address (P.O. Box NOT acceptable)	
Miaml FL 33181	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liabilitie place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as progressive continues.  Registered Agent's Signature (REQUIRED)	o act in this performance
Page I of 2	

Title: "AMBR" ≈ Authorized Member "MGR" ≈ Manager	Name and Address:
,	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
. A. a. m.	
<u>M68</u>	Hernan Montoyo
	Doral F1, 33178
MER	MARTHA GARCIA 9840 NW BY TRANCE
	Domal EL 33178
E V: Effective date, if other than the c	
E V: Effective date, if other than the certive date is listed, the date must be of filing.)	date of filing:
EV: Effective date, if other than the cective date is listed, the date must be of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days at
E V: Effective date, if other than the cective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	date of filing:
E V: Effective date, if other than the certive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a	member or an authorized representative of a member.
of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a  (In accordance with section of the constitutes an affirmation of a many fals.)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penaltics of perjuty that the facts stated herein are true, is information submitted in a document to the Department of State
EV: Effective date, if other than the cective date is listed, the date must be of filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes o third degree.)	niember or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penaltics of periory that the facts stated herein are true.

Page 2 of 2

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