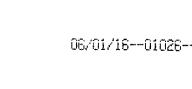
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only





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06/01/16--01026--027 **125.00



TO: Registration Section
Division of Corporations

SUBJECT:	Monterey Apartments, LLC
	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:
K	Cerry Helinger
_	Name of Person
Н	telinger Advertising, Inc.
	Firm/Company
4:	201 Central Avenue
_	Address
Si	t. Petersburg, FL 33713
iro	City/State and Zip Code orey@helinger.com
<u></u>	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Je	anette Corey 727 327-3333
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
]\$125.00 Filin	g Fee \$\int_{\text{\$130.00 Filing Fee}} \& \text{\$\$155.00 Filing Fee} \& \text{\$\$Certificate of Status} \\ \text{(additional copy is enclosed)} \\ (additional c

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Monterey Apartments				
(Must end w	ith the words "Limited	l Liability Company,	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Limited	Liability Company is:	
<u>Principal</u>	l Office Address:		Mailing Addr	ess:
8034 Stimie Avenue N	lo.	SAM	IE	
St. Petersburg, FL 337	10			
another business entity with an ac The name and the Florida street ac	ddress of the registered	,		
	Kerry Helinger	Name		
		Name		
	8034 Stimie Avenue Florida street addres		eceptable)	
	St. Petersburg	FL	33710	
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro am familiar with and accept the obli	hereby accept the apportions of all statutes regations of my position of Register.	ointment as registere elating to the proper as registered agent a	ed agent and agree to act i and complete performanc is provided for in Chapter	n this capacity. I e of my duties, and I
		, v -		SECR
		(CONTINUED)		

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Kerry Helinger
	8034 Stimie Avenue North
	St. Petersburg, FL 33710
AMBR	Diana Helinger
	8034 Stimie Avenue North
	St. Petersburg, FL 33710
EV: Effective date, if other than the ctive date is listed, the date must filling.)	to date of filing: 6/1/2016 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the ective date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
ctive date is listed, the date must if filing.)	be specific and cannot be more than five business days prior to or 90 da not meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does nent's effective date on the Department's effective date on the Department of the EVI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member of an authorized representative of a member.
E V: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does nent's effective date on the Departs E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is e I am aware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records. a member of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
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