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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
(4.1)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
	
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UCT 2 6 2017 C Kinsey

COVER LETTER

TO:

TO: Registration of Division of	on Section f Corporations		e .
SUBJECT: Monre	perwelding Sen	nited Liabuity Company	
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
_Jason !	Monroe		
		Name of Person	
		Firm/Company	
<u>1697 E</u>	ast Hwy 318		
		Address	
<u>Citra, F</u>	L 32113		
		City/State and Zip Code	
monroeservic	es15@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For further informat	ion concerning this matter, ple	ase call;	
Jason Monroe N	at (at (at (at (at (352) 427-7 Area Code Daytime Te	1631 Iephone Number
Enclosed is a check	for the following amount:		
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Iailing Address egistration Section	Street/Courier Add Registration Section	<u>ress</u>

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Lim	NEIGHOG SEVVICES LC. ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	val office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1697 East Hwy 318 Citra, FL 32113	1697 East Hwy 318 Citra, FL 32113
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	own Registered Agent. You must designate an individual or ration.)
Jason Monroe	
,	ame
1697 East Hwy 318	
Florida sucet address (P.O	. Box NOT acceptable)
Citra	FL 32113
City	Zip
the place designated in this certificate, I hereby of capacity. I further agree to comply with the provis of my duties, and I am familiar with any accept the	opt service of process for the above stated limited liability company and accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S Signature (REQUIRED)
(CONT	CINIED)

Page 1 of 2

MMBR" = Authorized Member MGR	itle:	Name and Address:
Use attachment if necessary) E.V: Effective date, if other than the date of filing: Citra FL 32 113 (OPTIONAL) ctive date is listed, the date must be specific and cannot be more than five business days prior to or a filing.) E.VI: Other provisions, if any. REOUIRED 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.) Jason Monroe Typed or printed name of signee Filing Fees:		
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