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	Account Name : A.A.ALI, CPA		
	Account Number : I20000000192		
	Phone : (407)298-3900		
	Fax Number : (407)298-0660		

Email Address:

FLORIDA LIMITED LIABILITY CO. MONISE REALTY SERVICES, LLC

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 18 JAN 12 AMII: 38 20 Ani 20 Amii: 38 20 Ani 20 Amii: 38

The name of the Limited Liability Company is:

MONISE REALTY SERVICES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

210 DRAYTON AVE DAVENPORT, FL 33837

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:

MONISE CLERMONT 210 DRAYTON AVE DAVENPORT, FL 33837

Having been named as registered agent and to accept service of process for the above stated limited liablity 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..

MONISE GLERMONT/ Registered Agent's Signature

Page 1 of 2

(((H18000015746 3)))

ARTICLE IV- Authorized Member(s) or Manager(s):

The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

> "AMBR" = Authorized Member "MGR" = Manager

MONISE CLERMONT - Authorized Member 210 DRAYTON AVE DAVENPORT, FL 33837

ARTICLE V: Effective date, if other than the date of filing: January 123, 2018 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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

(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.)

MONISE C; ERMONT

Typed or printed name of signee

Page 2 of 2

(((H18000015746 3)))