

W18000 056 339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

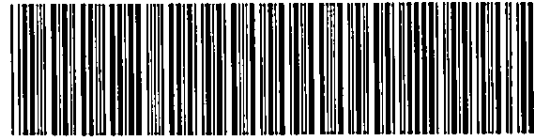
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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D O'KEEFE  
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TALLAHASSEE, FLORIDA

40

W18-12282



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2018 MAR -2 PM 1:40

February 7, 2018

MONA HOWE  
8743 THE ESPLANADE UNIT 2  
ORLANDO, FL 32836

SUBJECT: MONA HOWE LLC  
Ref. Number: W18000012282

We have received your document for MONA HOWE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$100.00 due.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 518A00002576

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** MONA HOWE 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:

MONA HOWE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8743 THE ESPLANADE UNIT 2

\_\_\_\_\_  
Address

ORLANDO, FL 32836

\_\_\_\_\_  
City/State and Zip Code

HOWEMONA@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONA HOWE

321

3568251

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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)

**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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MONA HOWE LLC

(Must contain 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:

8743 THE ESPLANADE

UNIT 2

ORLANDO, FL 32836

Mailing Address:

8743 THE ESPLANADE

UNIT 2

ORLANDO, FL 32836

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:

MONA HOWE

Name

8743 THE ESPLANADE - UNIT 2

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO

FLORIDA

32836

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)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MONA HOWE

8743 THE ESPLANADE UNIT 2

ORLANDO, FLORIDA 32836

AMBR

MONA HOWE

8743 THE ESPLANADE UNIT 2

ORLANDO, FLORIDA 32836

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 27, 2018. (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

**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. 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.

MONA HOWE

*Mona Howe*  
Typed or printed name of signee

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAR -2 PM 1:45

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