

L18000164668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

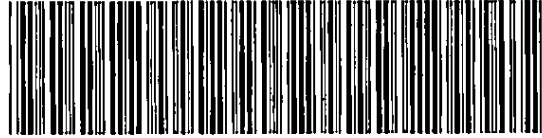
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W180000 53610

Office Use Only

RK
7/9/18



000314157140

06/06/18--01007--006 **160.00

RECEIVED
DIVISION OF CORPORATION
18 JUL -9 PM 3:32
STATE
FALLS CHURCH, VA 22034



JEFFREY M. VERDON
LAW GROUP, LLP

1201 Dove Street, Suite 400 ▼ Newport Beach, CA 92660
ph: 949.333.8152 ▼ fx: 949.263.1333

*** TRANSMITTAL FORM ***

DATE: July 6, 2018

TO: New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

FROM: Predhiman Jadon, Associate

REFERENCE: Montego Bay Investment Group, LLC

ENCLOSURES:

- Letter Number 818A00011999 from Florida Department of State.
- Articles of Organization with new proposed name for the Florida Limited Liability Company.

To Whom It May Concern:

The name of the party requesting the registration of Limited Liability Company in the State of Florida is **Montego Bay Investment Group, LLC**.

Enclosed, please find the Letter Number 818A00011999, dated June 8, 2018, we received from the Florida Department of State, Division of Corporations. Also, enclosed please find the revised Articles of Organization with the new proposed name for the Florida Limited Liability Company.

Kindly return the certified copies of registration, to the **Jeffrey M. Verdon Law Group, LLP** at **1201 Dove Street, Suite 400, Newport Beach, CA 92660**.

Please contact our office should any questions or concerns arise.

Thank you.

JEFFREY M. VERDON LAW GROUP, LLP

PSJadon

Predhiman Jadon, Associate

JMV/pj

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Montego Bay Investment Group, 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:

10344 Panama St.
Cooper City, FL 33026

Mailing Address:

101 Oak Grove
Monrovia, CA 91016

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:

Mauva J. Beharie

Name

10348 Panama St.

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

<u>Cooper City</u>	<u>FL</u>	<u>33026</u>
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.

Mauva J. Beharie
Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 JUL -9 PM 3:32
SECRETARY OF STATE
DIVISION OF CORPORATION
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

AMBR

AMBR

MGR

Name and Address:

Carlos Beharie
101 Oak Grove,
Monrovia, CA 91016

Joan Beharie
101 Oak Grove,
Monrovia, CA 91016

Carlos Beharie
101 Oak Grove,
Monrovia, CA 91016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Carlos Beharie

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.

Carlos Beharie, Manager

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
DIVISION OF CORPORATION
18 JUL -9 PM 3:32
TALLAHASSEE, FLORIDA