18000252977

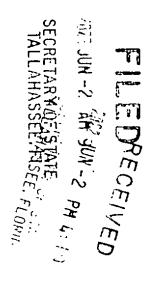
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Q. SILAS						
אטן ח 3 2022						

Office Use Only



000388443790

06/03/22--01001--008 **100.00



CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN						
	PIC	K UP: 6/2 LYNES				
XX	CERTIFIED COPY PHOTOCOPY		— —			
XX	CUS FILING	LLC Statement	****			
	MONOLIT, LLC CORPORATE NAME AND DOCU	UMENT #)				
(C	CORPORATE NAME AND DOCU	JMENT #)	-			
	CORPORATE NAME AND DOCU	JMENT #)				
(C	CORPORATE NAME AND DOCU	JMENT #)				
	CORPORATE NAME AND DOCU					
	CORPORATE NAME AND DOCU	JMENT #)				
PECIAL NSTRUCT	TIONS:					

COVER LETTER

	sistration Section isson of Corporations		
SUBJECT:	MONOLIT, LLC		
JUDILU1.	Name of Li	mited Liability Comp	oany
Dear Sir or l	Madam:		
The enclose	I Statement of Authority and fee(s) are	submitted for filing.	
Please return	all correspondence concerning this ma	tter to the following:	
LEE GARII	ΞPΥ		
	Name of Person		
	Firm/Company		
5664 Strand	Cı		
	Address		
Naples, FL	34110		
	City/State and Zip Code		
F	mail address: (to be used for future annu	al report notification)
For further i	nformation concerning this matter, plea	se call:	
Lee Gariepy		239 at (2720030
	Name of Person	Area Code	Daytime Telephone Number

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

STATEMENT OF AUTHORITY

4001 JUN -2 AM 9: 1

Pursuant to section 605.0302(1), Florida authority:	Statutes, this limited liability		the following statement of CRETARY OF STATE
FIRST: The name of the limited liability	y company is: MONOLIT, L		TALLAHASSEE, FL
SECOND: The Florida Document Number	ber of the limited liability co	mpany is:	32977
THIRD: The street address of the limite 16237 Camden Lakes Cir			
Naples, FL 34110		<u> </u>	
The mailing address of the lim	nited liability company's prin	ncipal office is:	
Naples, FL 34110			
		nanager, officer or c	otherwise or to a specific
b. No authority grante	ed to:		
May enter into other transactions a. Granted to :	ctions on behalf of, or others ey Doroshenko, as Manager	wise act for or bind,	the company.
b. No authority grante	ed to:		
4-1/		Andrey Tolkacher	v, as Manager
Signature of authorized representative	Filing Fee: \$25.00 Certified Copy: \$30.00		d name of signature