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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ThisIsMontauk 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:
Jesse L. Gibbon
Name of Person
This Is Montauk LLC.
Firm/Company
13 Mindoro Circle
Address
Pensacola 7L 32507 City/State and Zip Code Curiouslyjess@gmail.com
City/State and Zip Code
<u> curiouslyJess@gmail.com</u>
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jesse Gibbon at 737, 704-8856 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager			
PAPIZ	Anna K. Taunton		
	MP CANODIE RO Wewahitchka FL-329	165	
AMBR	Jesse Gibbon		
	13 Mindoro Circle Pensacola FL 3250	1	
			
			
(Use attachment if necessary)			
ote: If the date inserted in this block does not meet be document's effective date on the Department of Source VI: Other provisions, if any.	the applicable statutory filing requirements, this date tate's records.	e will not be	listed a
REQUIRED SIGNATURE:	Gebbon		
Signature of a member	er of an authorized representative of a member.		
Signature of a member This document is executed it I am aware that any false info	n accordance with section 605.0203 (1) (b). Florida sormation submitted in a document to the Department		
Signature of a member This document is executed it I am aware that any false info	n accordance with section 605.0203 (1) (b), Florida sormation submitted in a document to the Department only as provided for in s.817.155, F.S.	of State	SIAIK SF
Signature of a member This document is executed in I am aware that any false inforcement is a third degree felon stitutes a third degree felon signature.	n accordance with section 605.0203 (1) (b), Florida sormation submitted in a document to the Department only as provided for in s.817.155, F.S.		Skore)
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Signature of a member This document is executed in I am aware that any false infector stitutes a third degree feltom Tests of Organis \$ 30.00 Certified Copy (Optional)	n accordance with section 605.0203 (1) (b), Florida sormation submitted in a document to the Department only as provided for in s.817.155, F.S. L. C. O.	of State 18 NOV -1	MOLVASSABIO AS POSTAIS