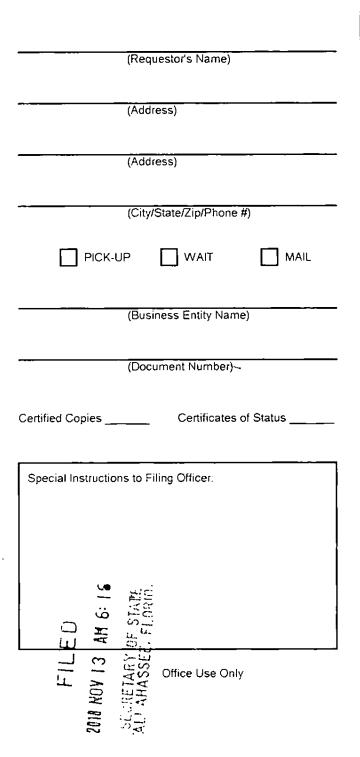
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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: AAA Monarch Restoration Experts 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:	
Luz Jensen Name of Person	
9819 Beach Blvd	
Panama City beach FL 32408 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	ed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Experts LLC

place de.	signated	ied as reg in this cer comply wit
		and accep
	m	
FILEN	1 HOV 13 AM 6: 1	JRETARY OF STARE AHASSEE, FLORIN

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street add	tress of the principal off	ice of the Lin	nited Liability	Company	is:	
<u>Principal</u>	Office Address:			Mailing	Address:	
9.819 Beach Panama Cit	Blud y beach, F 32408	<u> </u>	Pana	r B	each city	Blw beach, F 32408
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own F	Registered Ag	Agent's Sigr ent. You mus	a <b>ture:</b> st designate	an individu:	al or
The name and the Florida street ac	ddress of the registered a	agent are:				
	Luz	Jer	isen			
		Name			<del></del>	
	9819 B	cach	<u> 131</u>	<u>'d</u>		
	Florida street address	(P.O. Box <u>N</u> 0	OT acceptabl	e)		
	Panama City	beach	FL	32	408	
	City	State	·	Zip	•	
faving been named as registered ay place designated in this certificate, l arther agree to comply with the pro am familiar with and accept the obla	hereby accept the appo- visions of all statutes rel	intment as reg ating to the p	istered agent roper and cor	and agree nplete perfo	to act in this ormance of m	capacity.   y duties, and l = +
	Registe	red Agent's S	ignature (RE	QUIRED)		
		(CONTINU	ED)			
13 23						

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR = Manager	Luz Tensen 1819 beach Blud Panany City beach, F1 32408				
(Use attachment if necessary)					
(If an effective date is listed, the date must be sp the date of filing.)	of filing: 11-14-18 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.				
REQUIRED SIGNATURE:	Suchson				
This document is execu I am aware that any false constitutes a third degre	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Statutes, and intermation submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.  LUZ TENSEN  Typed or printed name of signee				
NO CRE	Filing Fees: ganization and Designation of Registered Agent nal)				

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