

L19000216734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

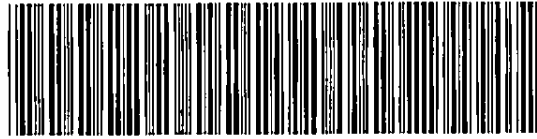
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/30/19--01005--017 **125.00

C RICO
AUG 30 2019

19 AUG 30 PM 3:43
RECEIVED
DIVISION OF CORPORATIONS

Whit Stolz
5555 Wingspread Lane
North Garden, VA 22959

August 28, 2019

Carlos Rico
Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 AUG 30 PM 3:43
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

Subject: Monacan Enterprises LLC

Mr. Rico:

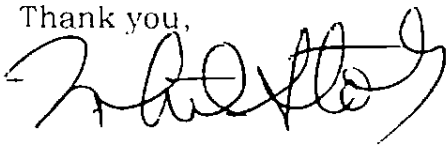
Per your conversation with Jakki Fitzgerald on 8/28/19 the payment for Monacan Enterprises LLC was inadvertently omitted from the package containing the application for formation of the LLC.

The fee is enclosed.

Please process the previously submitted application with this payment.

If you have any questions, please call Jakki at 434/973-0381.

Thank you,



**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of the Limited Liability Company is:
MONACAN ENTERPRISES LLC

ARTICLE II

Address

The street address of the principal office of the Limited Liability Company is:
12026 NW HIGHWAY 464B
OCALA, FL 34482

The mailing address of the Limited Liability Company is:
12026 NW HIGHWAY 464B
OCALA, FL 34482

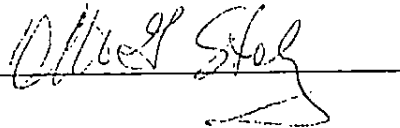
ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:
OTTO G. STOLZ
12026 NW HIGHWAY 464B
OCALA, FL 34482

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: _____




19 JUN 30 PM 3:43
DIVISION OF CORPORATE REGISTRATION
STATE OF FLORIDA

ARTICLE IV
Manager(s) or Managing Member(s):

The name and address of the Manager is as follows:

PBI INVESTMENTS INC.
12026 NW HIGHWAY 464B
OCALA, FL 34482

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

WHIT STOLZ

Typed or printed name of signer

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DIVISION OF CORPORATE REGISTRATION
FLORIDA DEPARTMENT OF STATE