LIGOOS	223703
(Requestor's Name) (Address)	300333794773
(City/State/Zip/Phone #)	09/13/1901001005 **130.50
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	ZEIS SEP 12 AN 18:59 SECIE IVAL AN SOLE FLORIDA
Office Use Only	
	SEP 1.3 2019

	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	
	PI	CK UP: <u>09/12/2019</u>	
	CERTIFIED COPY		
	рнотосору		
xx	CUS	GOOD STANDING	
xx	FILING	LLC	
	MONICA ST INVEST		2019 SEP
	(CORPORATE NAME AND DOC	UMENT #)	P 2 PH
	(CORPORATE NAME AND DOC	TUMENT #)	
	(CORPORATE NAME AND DOC	UMENT #)	······
	(CORPORATE NAME AND DOC	UMENT #)	

TO: New Filing Section Division of Corporations

÷

Monica St Investments LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Matthews Monica St Trivestments LLC Firm/Company 301 W Platt St #343 TAMPA FL 33666 City/State and Zip Code HE TEAMABY.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Matthews an 412, 414-4405 Davtime Telephone Number Name of Pers

Enclosed is a check for the following amount:

\$125.00 Filing Fee Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

MUNICA St Investments LLC." (Must contain the words "Limited Liability Company, "L.L.C.," or "I.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
301 W Platt St, #343	SAME
TAMPA FL 33606	

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:

Jason Matthews 301 W Platt St, #343 Florida street address (P.O. Box NOT acceptable) TAMPA FL 33606

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. 1 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 (REQUIRED)

(CONTINUED)

BIS WB

ARTICLE IV-

. .

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

Name and Address:

Title: "AMBR" = Authorized Member "MGR" = Manager

BMGIL

AMBR

06

(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.)

<u>Note:</u> 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.

REOUIRED SIGNATURE: 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. <u>TASON</u><u>MATTNEW</u> 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)