

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L21000104887979**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**To:**

Division of Corporations  
 Fax Number : (850)617-6381

**From:**

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.  
 Account Number : 120180000068  
 Phone : (407)344-1012  
 Fax Number : (407)344-1371

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: zdicens@gmail.com

**FLORIDA LIMITED LIABILITY CO.**

**Industrias Monarca 2020, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
 2021 MAR 16 AM 8:59  
 DIVISION OF CORPORATIONS  
 COMMERCIAL  
 SERVICES

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

INDUSTRIAS MONARCA 2020, LLC

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

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:

3001 Pine Branch Dr

3001 Pine Branch Dr

Apt 204

Apt 204

Kissimmee, FL 34741

Kissimmee, FL 34741

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Zaida Beatriz Di Censo Rosales

Name

3001 Pine Branch Dr, Apt 204

Florida street address (P.O. Box **NOT** acceptable)

Kissimmee

FL

34741

City

State

Zip

*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.*

*Zaida B. Di Censo Rosales*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGRM
Di Censo Rosales, Zaida B.  
3001 Pine Branch Dr, Apt 204  
Kissimmee, FL 34741

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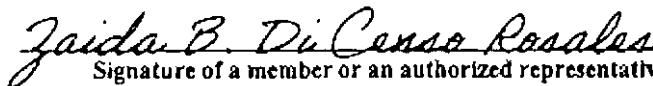
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(Use attachment if necessary)

**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.)

**Note:** 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.
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
**REQUIRED 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.
Zaida Beatriz Di Censo Rosales

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)

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