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COVER LETTER

то:	New Filing Section Division of Corporations			
SUBJE	MONTISCI & CHACON CO)NSTRUCTION	L1.C	
.,(,13,1)		ne of Limited Lia	bility Company	······································
The end	closed Articles of Organization and	fee(s) are submit	ted for filing.	
Please	return all correspondence concernin	g this matter to th	ne following:	
	BRUNO MONTISCI			
		Name	of Person	
		Firm	Company	·····
	8620 NW 70TH ST	1 11111/	Company	
	-	Ac	Idress	
	MIAMI, FL 33166			
	INDOZONICANTICCH EIE CYNN	City/State	and Zip Code	
	E-mail address: tto	be used for futur	e annual report notificat	ion)
or furth	er information concerning this matte		·	
	JOSE CHACON	786 at (222.7994	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclose	ed is a check for the following amou	nt.		
	5.00 Filing Fee S130.00 Filin Certificate of S	g Fee & □\$ tatus Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section		Street Address New Filing Section D	livision
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
MONTISCI & CHACON CONSTRUCTION, LL	С
(Must contain the words "Limited Liabil	ity 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:
8620 NW 70TH ST	8620 NW 70TH ST
MIAMI FL 33166	MIAMI FL 33166
ARTICLE III - Registered Agent, Registered Office. & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street address of the registered agen	fare:
JOSE CHACON	

8620 NW 70TH ST

City

MIAMI

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..

FL

State

Name

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

Registered Agent's Signature (REQUIRED)

33166

Zip

(CONTINUED)

"AMBR" = Authorized Member	Same and Address:
'MGR" = Manager	
AMBR	BRUNO MONTISCI
	8620 NW 70TH ST
	MIAMI. FL 33166
AMBR	JOSE CHACON
	8620 NW 70TH ST
	MIAMI, FL 33166
V: Effective date, if other than the citive date is listed, the date must filling.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the ctive date is listed, the date must filling.) he date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the ctive date is listed, the date must filling.) he date inserted in this block does nent's effective date on the Depart	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will no
ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depar E. VI: Other provisions, if any. REQUIRED SIGNATURE:	s not meet the applicable statutory filing requirements, this date will not the timent of State's records.
CV: Effective date, if other than the clive date is listed, the date must filling.) the date inserted in this block doctors's effective date on the Depart CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is I am aware that an	be specific and cannot be more than five business days prior to or 9 s not meet the applicable statutory filing requirements, this date will not the timent of State's records.
CV: Effective date, if other than the tive date is listed, the date must filling.) the date inserted in this block doctors's effective date on the Depart CVI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is I am aware that are constitutes a third	s not meet the applicable statutory filing requirements, this date will not the timent of State's records. If a member of an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statutes, by lake information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
CV: Effective date, if other than the tive date is listed, the date must filling.) the date inserted in this block doctors's effective date on the Depart CVI: Other provisions, if any. REOURED SIGNATURE: Signature of This document is I am aware that are constitutes a third	s not meet the applicable statutory filing requirements, this date will not the timent of State's records. If a member of an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.