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(Requestor's Name)				
(Address)				
(Address)				
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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Divio. TALLAHASSEE, FLORIDA

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	P	ICK UP:	10/12	DANNY			
	CERTIFIED COPY						
XX	РНОТОСОРУ						
	CUS					_	
xx	FILING	LLC					
	MONARCH BUILDE						
2.	(CORPORATE NAME AND DO	OCUMENT #)			·	.	
3.	(CORPORATE NAME AND DO	OCUMENT #)	<u>.</u>				
1.	(CORPORATE NAME AND DO	OCUMENT #)	-				
5.	CORPORATE NAME AND DO	OCUMENT #)	_			<u> </u>	
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SPECIAL NSTRUC							
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COVER LETTER

TO:	New Filing Se Division of Co							
SUBJEC		Builders, LLC						
SOBJEC	-··	Name of Limited Liability Company						
The encl	osed Articles of	Organization and fee	c(s) are subm	itted for filing.				
Please re	turn all corresp	ondence concerning t	his matter to	the following:	·			
	Kevin A. De	enti, Esquire						
		-	Nam	e of Person				
	Kevin A. Do	enti, P.A.						
			Firm	/Company				
	2180 Immol	kalee Road - Suite #3	16					
			ور	Address				
	Naples, Flor	rida 34110						
	kdenti@denti	ilau com	City/Stat	e and Zip Code				
			used for futo	are annual report notific	cation)			
For further	r information co	incerning this matter,	please call:	·				
	Kevin A. De		239 at (260-8111				
	Name of Person		Area Cod		none Number			
Enclosed	is a check for t	he following amount:						
_	00 Filing Fee	□\$130.00 Filing I Certificate of State	ee & 🗍	\$155.00 Filing Fee & rtified Copy tional copy is enclosed.	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed			
		ig Address		Street Address				
		iling Section on of Corporations		New Filing Section The Centre of Talls				
	P.O. B	ox 6327		2415 N. Monroe S	treet, Suite 810			
	Tallahassee, FL 32314			Tallahassee, FL 32303				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	LUANTA COMPANY			
The name of the Limited	Liability Company is:			
Monarch Buil	ders, LLC			
	ist conatin the words "Limited	I Liability Compan	y, "L.L.C" or "LLC.")	
ARTICLE II - Address:				
The mailing address and s	street address of the principal	office of the Limit	ed Liability Company is:	
<u> P</u>	Principal Office Address:		Mailing Address:	
	4597 Azalea Drive		4597 Azalea Drive	
Naples, Florid	la 34119	N	aples, Florida 34119	
The name and the Florida	and the Florida street address of the registered agent are: Kevin A. Denti, Esquire Name			
	Naples	Florida	34110	
	City	State	Zip	
place designated in this cert further agree to comply with	stered agent and to accept ser tificate, I hereby accept the ap th the provisions of all statutes the obligations of my position Regis	pointment as regist relating to the prop n as registered agen	ered agent and agree to act er and complete performan	in this capacity. I ce of my duties, and I

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager				
MGR	<u>Chad Kocses</u> 4597 Azalea Drive Naples, Florida 34119			
(Use attachment if necessary)				
(If an effective date is listed, the date must be spe the date of filing.)	of filing:			
ARTICLE VI: Other provisions, if any,				
REQUIRED SIGNATURE:	71. 1 St.			
This document is execute I am aware that any talse	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.			
Kevin A. Denti, E	squire 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)