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Florida Department of State
Division of Corporations
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To:

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22 FEB 14 AM 8:45

JANIS R. ALONSO
DIVISION OF CORPORATIONS
FEB 14 2022

**FLORIDA LIMITED LIABILITY CO.
MONA MANSOUR, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

JAN 16 2022
FEB 16 2022

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**ARTICLES OF ORGANIZATION OF
MONA MANSOUR, LLC.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is:

MONA MANSOUR, LLC.

ARTICLE II - Address:

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

999 Ponce de Leon Blvd., Suite 650
Coral Gables, FL 33134

ARTICLE III - Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are:


ROCKCHAR MANAGEMENT SERVICES LLC
999 Ponce de Leon Blvd., Suite 650
Coral Gables, FL 33134

ARTICLE IV - Managers

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

<u>Title</u>	<u>Name and Address</u>
Manager	Mona Mansour 999 Ponce de Leon Blvd., Suite 650 Coral Gables, FL 33134

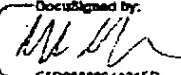
IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 4th day of February, 2022.

DocuSigned by:

F5D9E2308C4424F11

Name: **Mona Mansour**

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(In accordance with Section 605.0203 (1) (b), 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 Section 817.155, F.S.)

DocuSigned by:

E5D953M8C442MED

Name: **Mona Mansour**

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 605, Florida Statutes.

(In accordance with Section 605.0203(1)(b), 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 Section 817.155, F.S.)

Signature of Registered Agent

**ROCKCHAR MANAGEMENT SERVICES
LLC, a Florida limited liability company**



By: **HIRAM D. OCARIZ**, its Manager