

L220000640803

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

72097

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.

((H220000640803))



H220000640803ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MONEL 0508, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 FEB 21 PM 10:02
FILED
TALLAHASSEE, FLORIDA

Second Request

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I – Name: The name of the Limited Liability Company is:

Monel 0508, LLC

ARTICLE II – Address:

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

Principal Office Address:

8415 NW 116 Avenue
Doral, FL 33178

Mailing Address:

8415 NW 116 Avenue
Doral, FL 33178

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

MONICA D. MANZIONE

8415 NW 116 Avenue
Doral, FL 33178

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.

DocuSigned by:
Monica D. Manzione
08E585BF81EE4C0...
Registered Agent's Signature

FILED
2022 FEB 21 PM 10:02
CLERK OF DISTRICT COURT
NASSAU COUNTY
FLORIDA

ARTICLE IV – Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:

Name and Address:

Manager

MONICA D. MANZIONE

Address: 8415 NW 116 Avenue, Doral, FL 33178

REQUIRED SIGNATURE:

DocuSigned by:
Monica D. Manzione
08E586BF81EE4C0...

**Signature of a member or an authorized
representative of a member.**

(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.)

Monica D. Manzione

Typed or printed name of signee

FILED
2022 FEB 21 PM 10:02
CLERK OF STATE
TALLAHASSEE, FLORIDA