

L22000119661

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718) 878-5811
Fax Number : (718) 732-4580

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MONEY I'D LIKE TO FUND LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF
CORPORATIONS
DIVISION OF COMMERCIAL
REGISTRATION SERVICES

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MONEY I'D LIKE TO FUND LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE SUITE 139

Address

BROOKLYN, NY 11204

City/State and Zip Code

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Leah _____ at (718) _____ 878-5811

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MONEY I'D LIKE TO FUND 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:**3170 STIRLING RD UNIT A3
HOLLYWOOD FL 330213170 STIRLING RD UNIT A3
HOLLYWOOD FL 33021**ARTICLE III - Registered Agent, Registered Office, & 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:

SHERIL NUEBORT

Name

3170 STIRLING RD UNIT A3Florida street address (P.O. Box **NOT** acceptable)HOLLYWOODFL33021

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..

/ s / SHERIL NUEBORT

Registered Agent's Signature (REQUIRED)

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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

AMBR, MGR

Name and Address:

SHERIL NUEBORT

3170 STIRLING RD UNIT A3

HOLLYWOOD FL 33021

(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:**_____
/s/ SHERIL NUEBORT**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._____
SHERIL NUEBORT

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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