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FLORIDA LIMITED LIABILITY CO. MONATE, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Principal Office Address: Principal Office Address: Mailing Address: 7751 NW 107th AVE APT: 713 DORAL, FL 33178 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 nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: MONICA A. HERRERA Name 7751 NW 107th AVE APT: 713 Florida street address (P.O. Box NOT acceptable) DORAL FL 33178 City State Zin	(Must con	itain the words "Limited	Liability Company,	"L.E.C.," or "LLC.")	
7751 NW 107th AVE APT: 713 DORAL, FL 33178 RETICLE 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 nother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: MONICA A. HERRERA Name 7751 NW 107th AVE APT: 713 Florida street address (P.O. Box NOT acceptable) DORAL FL 33178		address of the principal c	office of the Limited	Liability Company is:	
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ace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity.		7751 NW 107th AV Florida street addres DORAL City Lagent and to accept serv	Name E APT: 713 ss (P.O. Box NOT as FL State sice of process for the	33178 Zip above stated limited liability compar	- 25% - N
	ice designated in this certificate ther agree to comply with the p	7751 NW 107th AV Florida street addres DORAL City d agent and to accept serve, I hereby accept the approvisions of all statutes r	Name E APT: 713 Is (P.O. Box NOT as FL. State Since of process for the pointment as registere relating to the proper	33178 Zip above stated limited liability compared agent and agree to act in this capa and complete performance of my dut	- 25% - N
aving been named as registered agent and to accept service of process for the above stated limited liability company at the, lace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. A criter agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I manifest for the provided for in Chapter 605, F.S.	ace designated in this certificate orther agree to comply with the p	7751 NW 107th AV Florida street addres DORAL City d agent and to accept serve, I hereby accept the approvisions of all statutes r	Name E APT: 713 Is (P.O. Box NOT as FL. State Since of process for the pointment as registere relating to the proper	33178 Zip above stated limited liability compared agent and agree to act in this capa and complete performance of my dut	city. F
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ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	MONICA A. HERRERA	
MCIK	7751 NW 107th AVE APT: 713	
	DORAL, FL 33178	_
MGR	VICENTE A. LOPEZ	
<u> </u>	7751 NW 107th AVE APT: 713	-
	DORAL. FL 33178	_
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MGR	IGNACIO A. LOPEZ	
MOK	7751 NW 107th AVE APT: 713	
	DORAL FL 33178	_
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(Use attachment if necessary)	⇒ ₁	20
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ARTICLE V: Effective date, if other than the d	ate 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	0 days after
the date of filing.)	(ဂ)	1
Note: If the date inserted in this block does no	ot meet the applicable statutory filing requirements, this date willing	ot be fisted as
the document's effective date on the Departme	ent of State's records.	- P
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ARTICLE VI: Other provisions, if any.		: :: :::::::::::::::::::::::::::::::::
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REQUIRED SIGNATURE:

MONICA HEFFERA

Mont a there as [Apr 28, 2022 14:37:101]

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.

MONICA A. HERRERA

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)