

L220 0050 9481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500398010355

11/22/20--01032--019 **125.00

MASSACHUSETTS
NOTARIAL PUBLIC

2022 NOV 22 PM 6:05

FILED

D. O'KEEFE

DEC - 7 2022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Monicures, 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:

19417 Spring Oak Dr.
Eustis, Florida 32736

19417 Spring Oak Dr.
Eustis, Florida 32736

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:

Monique Juliette Goudreau

Name

19417 Spring Oak Dr.

Florida street address (P.O. Box **NOT** acceptable)

Eustis

FL

32736

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2022 NOV 22 PM 6:05
FALLAHASSI, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR _____

Monique Juliette Goudreau

19417 Spring Oak Dr.

Eustis, Florida 32736

(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:



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.

Monique Juliette Goudreau

Typed or printed name of signer

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)

2022 NOV 22 PM 6:05
FILED
CLERK OF COURT
TALLAHASSEE, FL 32301

CLAYTON H. BLANCHARD, JR., P.A.

Attorney at Law
35 East Pinelhurst Boulevard
Eustis, Florida 32726

Telephone (352) 589-1919

Telecopier (352) 589-0032

November 17, 2022

New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

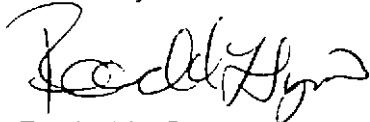
Re: *Monicures, LLC*

Dear Sir or Madam:

In reference to the above, enclosed please find *Articles of Organization of Monicures, LLC* to be filed with the Florida Department of State. Also, enclosed please find a check in the amount of \$125.00 for the filing fee.

If you should have any questions or comments, please do not hesitate to contact me at (352) 589-1919.

Sincerely,



Rachel L. Symons
Secretary to Clayton H. Blanchard, Jr.

Enclosures