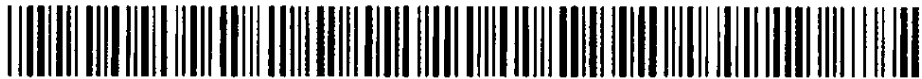


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12/19/22, 2:38 PM Division of CorporationsFlorida Department of State  
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## To:

Division of Corporations  
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## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: NMONTREUIL08@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.  
MSN Investment Group, LLC

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

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H22000425908

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

The name of the Limited Liability Company is:

**MSN Investment Group, LLC**

(Must end with 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:**8565 Sunset Drive  
Palm Beach Gardens, FL 33410**Mailing Address:**8565 Sunset Drive  
Palm Beach Gardens, FL 33410**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:

Stanley Jean Baptiste

Name

8565 Sunset DriveFlorida street address (P.O. Box **NOT** acceptable)Palm Beach Gardens FL 33410

City

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.*

DocuSigned by:

Stanley Jean Baptiste0325223209714FB  
Registered Agent's Signature (REQUIRED)

Stanley Jean Baptiste

(CONTINUED)

H22000425908

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRMGRMGR**Name and Address:**Nadine Montreuil470 NE 5th Avenue, Apt 3522Fort Lauderdale, FL 33301Stanley Jean Baptiste8565 Sunset DrivePalm Beach Gardens, FL 33410Mackens Domingue140 East 31st StreetBrooklyn, NY 11226

(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.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:

Nadine Montreuil

3325228000714FB

**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.

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.)

Nadine Montreuil

Typed or printed name of signee