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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 · Tallahassee, Florida 32301 (850) 224-8870 · 1-800-342-8062 · Fax (850) 222-1222

	(
MONTECARLO 488 LLC	<del></del>
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
Thank you sent recity	
Atty/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
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Signature	Fictitious Owner Search
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#### **COVER LETTER**

TO:	New Filing Section Division of Corporations		
SUBJEC	MONTECARLO 488		
306160		imited Liability Company	_
The encl	osed Articles of Organization and fee(s)	are submitted for filing.	
Please re	turn all correspondence concerning this r	natter to the following:	
	MIRIAM NUNEZ		
		Name of Person	
		Firm/Company	
	488 NW 165 ST #B309		
•• ,		Address	_
	MIAMI, FL 33169		
	PRIMEREALTYLOANS@GMAIL.C	City/State and Zip Code	······································
		d for future annual report notification)	
For further	r information concerning this matter, plea	se call:	
		305 484 3909	
		Area Code Daytime Telephone Number	_
Enclosed	is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certified	Filing Fee, ate of Status & d Copy l copy is enclosed
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	
	P.O. Box 6327 Tallahassee FI 32314	Clifton Building	

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
MONTECARLO 4	188 LLC			
(Must co	ontain the words "Limited	Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal (	office of the Limited	Liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
488 NW 165 STRI	SET	488	488 NW 165 STREET B 309	
B 309	<u> </u>			
MIAMI, FL 33169			MI, FL 33169	
	MIRIAM NUNEZ	<del></del>		
	ACO NOU ACE CODE	Name		
	488 NW 465 STREET B 309 Florida street address (P.O. Box NOT acceptable)			
	MIAMI	FL	33169	
	City	State	Zip	
place designated in this certificat further agree to comply with the	te, I hereby accept the app provisions of all statutes re obligations of my position	ointment as registere elating to the proper	above stated limited liability company and agent and agree to act in this capace and complete performance of my dution is provided for in Chapter 605, F.S	city. I

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR MIRIAM NUNEZ 488 NW 165 STREET B MIAMI, FL 33169 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. **REOUIRED SIGNATURE:** 

Signature of a member of Aputhorized 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.

MIRIAM NUNEZ

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)