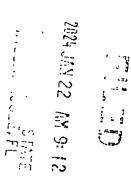


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





01/22/24--01082--028 **180.00





COVER LETTER

TO:	New Filing Sec Division of Cor						
	Moneywell	Enterprise, L.L.C.					
SUBJE	CT:	Name	of Lin	nited Liabi	lity Company		
The enc	losed Articles of	Organization and fe	e(s) arc	e submitted	for filing.		
Please r	eturn all correspo	ondence concerning	this ma	itter to the	following:		
	Keith White						
	<u> </u>			Name of	Person		
	The Law Off	ice of Keith White,	PLLC				
				Firm/Co	ompany	<u> </u>	
	198A Rogers	Avenue					
				Add	ress		292
	Brooklyn, N	Y 11225					
	keith@keithw	hitelaw.com	С	ity/State ar	nd Zip Code		22 F
D 6 1					annual report notifica	tion)	Fig. 9:
For furthe	r information co Jharius Berna	ncerning this matter.	please 63		833-8405		14 22
	Juanus Benia	iu	at (1)		
	Nam	e of Person		rea Code	Daytime Telephor	ne Number	
Enclose	d is a check for th	ne following amount	:				
□\$125	.00 Filing Fee	□\$130.00 Filing Certificate of Stat		Certif	5.00 Filing Fee & ied Copy is enclosed)	Certifica Certified	00 Filing Fee, ate of Status & I Copy I copy is enclosed)
	New F	g Address iling Section			Street Address New Filing Section II		
Division of Corporations				The Centre of Tallahassee			

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Lia	ability Company is:				
Moneywell Enterp	rise, L.L.C.				
	contain the words "Limited	Liability Company	"L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and stro	ect address of the principal	office of the Limited	Liability Company is:		
<u>Pris</u>	ncipal Office Address:		Mailing Address:		
3642 NE 11th Pl		3643	3642 NE 11th, Pl		
Cape Coral, FL339	XY		Cape Coral, FL 33909		
	Gloria Smith 3642 NE 11th Pl Florida street addre	H.	33909		
place designated in this certific further agree to comply with the	cate, I hereby accept the app he provisions of all statutes i	pointment as registe, relating to the prope	Zip e above stated limited liability c red agent and agree to act in thi r and complete performance of i as provided for in Chapter 605,	s capacity. I my duties, and i	
	Regis	CONTINUED	fure (REQUIRED)		

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	Jharius Hernard
	3642 NE 11th PI
	Cape Coral, FL 33909
effective date is listed, the date must te of filing.)	e date of filing: January 1, 2024 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
01	· D /
I'm Mi	us Bernard
	a member or an authorized representative of a member.
	executed in accordance with section 605.0203 (1) (b). Florida Statutes.
	false information submitted in a document to the Department of State
constitutes a third of	legree felony as provided for in s.817.155, F.S.
constitutes a tima c	regree relong as provided for in story 1.155. 1 15.
Jharius Bernard	
	Typed or printed name of signee
	Typed of printed name of signee
	 -5
	Filing Fees:

21:6 WV 22 NW 3:15

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)