L24000326346

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





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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	E I -	Name:
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The name of the Limited Liability Company is:

Monce Tipal Investment Holdings CCC
(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:	
434 Foxtail Way PANGER CITY Brack FL	434 Fextail Way Prank City Beach Fo
32407	<u>\$2407</u>

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:

Name

434 Foxfoil Way Panana City B

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

Panana City Beach GL 32407

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)

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;		
<u>AMBL</u>	Steven Lew-5 Monce 434 Foxteil way Proporty Grant City Broads For	L 324	
<u>AMBR</u>	Harmanic Carcia 434 Fextent Way Frame City Break Fr	3246	Ì
(Use attachment if necessary)			- -
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specithe date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of ARTICLE VI: Other provisions, if any.	ific and cannot be more than five business days pri et the applicable statutory filing requirements, this d	ior to or 90	
REQUIRED SIGNATURE:			
This document is executed I am aware that any false in constitutes a third degree f	ther or an authorized representative of a member of in accordance with section 605.0203 (1) (b), Florid information submitted in a document to the Department of the Departmen	la Statutes.	203
Steven	Marce	! •	.:210 (
	Marce Typed or printed name of signee		ر ن
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\$125.00 Filing Fee for Articles of Orga \$-30.00 Certified Copy (Optional)	Filing Fees: nization and Designation of Registered Agent	ī.	
\$ 5.00 Certificate of Status (Optional		Õ.	í
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