# Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000308227 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE

Account Number : I19990000148 Phone : (813)769-7692

Fax Number : (813)223-6121

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

Email Address:\_

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# FLORIDA LIMITED LIABILITY CO.

# Monday Standard Studio, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## Buchanan Ingersoll : Rooney 4125621041

Fax Audit No. H24000308227 3

### **COVER LETTER**

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TO:	New Filing Sec Division of Co			
SUBJE	Monday St	andard Studio, LLC	_	
		Name of Lin	nited Liability Company	
The en	closed Articles of	Organization and fee(s) are	e submitted for filing.	
Please	return all corresp	ondence concerning this me	atter to the following:	
	Lauren Teix	eira		
			Name of Person	
	Monday Star	ndard Studio, LLC		
	·		Firm/Company	
	45 SW 9th S	treet, Unit 2103		
			Address	
	Miami, FL	33130		
			ity/State and Zip Code	
	<del></del>	95@gmail.com	6 6	(
			for future annual report notificat.	ion)
For furth	er information co	ncerning this matter, please	call:	
	Lauren Teixeira		2 999-1610	
	Nam		rea Code Daytime Telephon	e Number
Enclos	ed is a check for t	he following amount:		
□\$12:	5.00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailte	na Addross	Stroot Addross	•

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 24 SEP 10 PM 4: 24

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Monday Standard Studio, LLC

(Must conatin 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:

Princh	al O	ffice A	\dd:	ress:

Mailing Address:

45 SW 9th Street, Unit 2103	45 SW 9th Street, Unit 2103		
Miami, FL 33130	Miami, FL 33130		
	·		

### 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:

Lauren Teixeira		
	Name	
45 SW 9th Street, Un	nit 2103	
Florida street addres	s (P.O. Box NOT a	cceptable)
Miami	FL	33130
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)

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Fax Audit No. H24000308227 3

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Lauren Teixeira 45 SW 9th Street, Unit 2103 Miami, FL 33130
<del></del>	
(Use attachment if necessary)	
(If an effective date is listed, the date must b the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	V-V-V
This document is ex I am aware that any	a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Lauren Teixe	

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certifled Copy (Optional)

5 5.00 Certificate of Status (Optional)