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COVER LETTER

TO: **Registration Section Division of Corporations**

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MONICA HOSPITALITY SOLUTIONS, LLC ____

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT T. MONICA, PRESIDENT _____

Name of Person

MONICA HOSPITALITY SOLUTIONS, LLC.

Firm/Company

5216 119TH TERRACE EAST

Address

PARRISH, FL 34219-5454

City/State and Zip Code

BOB@MONICAHOSPITALITY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT T. MONICA			05-9142	
Name	of Contact Person	at () Area Code	Daytime Telephone Number	
MAILING ADDRESS	<u>.</u>	ST	REET ADDRESS:	
Division of Corporations		Division of Corporations		
Registration Section		Re	gistration Section	
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Та	llahassee, FL 32301	
Enclosed is a check for the follow	ving amount:			
\$ 125.00 Filing Fee	\$130.00 Filing Fec & Certificate of Status	Certified Copy	ce & 🖾 \$160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MONICA HOSPITALITY SOLUTIONS, LLC.

OHIO, USA		3. 45-5195847	mited Liability Company," "L.L.C," or "LLC.")
(Jurisdiction under the law of which foreign limited liability company is organized)			FEI number, if applicable)
JANUARY 15, 2017			
<u> </u>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)	
MONICA HOSPITALITY SOLUTIONS, LLC		6. MONICA HOSPITA	ALITY SOLUTIONS, LLC
(Street Address of Principal Office)		(Ма	iling Address)
5416 119TH TERRACE EAST		5416 119TH TERRA	ACE EAST
PARRISH, FL 34219-	-5454	PARRISH, FL 3421	9-5454
Office Address:			
Name:	<u> </u>	· · · · ·	
Office Address: 2	5216 119TH TERRACE EAST		
Office Address:			
Office Address:	PARRISH	, Florida <u>342</u>	19-5454
gistered agent's acception of the second s	PARRISH (City) ptance: egistered agent and to accept service of f		limited liability company at the p
gistered agent's acception wing been named as r signated in this application comply with the provis	PARRISH (City) ptance: egistered agent and to accept service of f ation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent.	process for the above stated is seen and agree	limited liability company at the p to act in this capacity. I further of my duties, and I am familiar
gistered agent's acception wing been named as r signated in this application comply with the provis d accept the obligation	PARRISH (City) ptance: egistered agent and to accept service of f ation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent.	process for the above stated is s registered agent and agree and complete performance formation signature)	limited liability company at the p to act in this capacity. I further of my duties, and I am familiar
gistered agent's acception of the second sec	PARRISH (City) ptance: egistered agent and to accept service of f ation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. (Registered agent) watch address of the person(s) who has	process for the above stated is s registered agent and agree and complete performance signature) is/have authority to manage is	limited liability company at the p to act in this capacity. I further of my duties, and I am familiar
gistered agent's accepting been named as resignated in this application of the provised accept the obligation. The name, title or cap	PARRISH (City) plance: egistered agent and to accept service of p ation, I hereby accept the appointment a sions of all statutes relative to the proper as of my position as registered agent. (Registered agent.) watch and address of the person(s) who has <u>Name and Address:</u>	process for the above stated is s registered agent and agree and complete performance signature) signature) is/have authority to manage is <u>Title or Capacity:</u>	limited liability company at the p to act in this capacity. I further of my duties, and I am familiar of s/are:

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

A	Apple_
	Signature of an authorized person
ROBERT T. MONICA	
	Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MONICA HOSPITALITY SOLUTIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2102414, was organized within the State of Ohio on April 26, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 2nd day of October, A.D. 2017.

for Hastel

Ohio Secretary of State

Validation Number: 201727503980