

M19000003943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

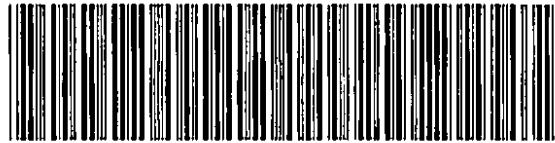
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert W19-25680

Office Use Only



400324632974

03/01/19--01020--021 **130.00

FILED
19 FEB 17 PM 2:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

05/22/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2019

HUNTER MEYER
165 E BLACKJACK BRANCH WAY
ST JOHNS, FL 32259

SUBJECT: MONTHLYSTASH, LLC
Ref. Number: W19000025680

We have received your document for MONTHLYSTASH, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 219A00005269

2019
MAR 17 10:53

COVER LETTER

**TO: Registration Section
Division of Corporations**

Monthly Stash, 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:

Hunter Meyer

Name of Person

Monthly Stash, LLC

Firm Company

165 E. BlackJack Branch Way

Address

St. Johns, FL 32259

City, State and Zip Code

hunter@monthlstash.com

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

For further information concerning this matter, please call:

Hunter Meyer

407

607-0827

Name of Contact Person

Area

Area Code

Daytime

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32311

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Monthly State LLC

Name of Foreign limited liability company must include "Limited Liability Company" or "LLC"

State of Delaware, United States

13030 Rocky River Rd N

13030 Rocky River Rd N

Jacksonville, FL 32224

Jacksonville, FL 32224

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JACKSONVILLE, FLORIDA

Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Christopher Salameh

Name

12276 San Jose Blvd Suite 612

Office Address

Jacksonville

32224

, Florida

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

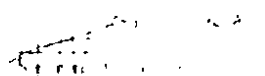
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Hunter Meyer Name	<input type="checkbox"/> Manager	Christopher Salameh Name
<input checked="" type="checkbox"/> Member	165 E. Blackjack Branch Way Address	<input checked="" type="checkbox"/> Member	13030 Rocky River Rd N Address
<input checked="" type="checkbox"/> Authorized	Saint Johns, FL 32259	<input checked="" type="checkbox"/> Authorized	Jacksonville, FL 32224
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name	<input type="checkbox"/> Manager	Name
<input type="checkbox"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name	<input type="checkbox"/> Manager	Name
<input type="checkbox"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name	<input type="checkbox"/> Manager	Name
<input type="checkbox"/> Member	Address	<input type="checkbox"/> Member	Address
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

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TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Hunter Meyer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONTHLYSTASH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2019.



6999666 8300

SR# 20192585053

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202606053

Date: 04-09-19