LD800099324

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

Office Use Only

G. MCLEOD

OCT 22 2008

EXAMINER



100136667881

10/09/08--01016--010 **160.00

08 OCT 21 PM 2: 2

SECRETARY OF CLAIR
DIVISION OF CURPORATION

6X1.002

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Mone	y Shopper, LL0		
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	er to the following:	
Brandt N	athan Mathers		
	(Name of Person)	
Money S	Shopper, LLC		
	(Firm/Company)	
4130 Loc	quat Avenue		
		(Address)	
Miami, F	L 33133		
	(City	/State and Zip Code)	
For further information c	concerning this matter, please	call:	
Brandt Nathan Ma	thers	at 323-646-2844	
(Name	of Person)	(Area Code & Daytime Telep	phone Number)
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \(\overline{\mathcal{V}}\) Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cl	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Money Shopper, LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Co	mpany	is:
Principal Office Address:	Mailing Address:		
4130 Loquat Ave Miami, FL 33133	4130 Loquat Ave Miami, FL 33133	- -	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		her	IVIO IS
The name and the Florida street address of the re	gistered agent are:	08 OCT	SICE
Brandt Nathan Ma	athers	121	
Name			375
4130 Loquat Aver	nue	2	- <u> </u>
Florida street addr Miami, FL 33133	ess (P.O. Box NOT acceptable)	2: 20	
City, State, an	nd Zip		7

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 608, F.S..

Registered Agent's Signature (REOLIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Manager	Brandt Nathan Mathers 4130 Loquat Avenue
	Miami, FL 33133
Use attachment if necessary	
FV. Effective date if othe	r than the date of filing: October 25, 2008 (OPTIO) te must be specific and cannot be more than five business of

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)