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SECRETARY OF STATE DIVISION OF CORPORATIONS

# **COVER LETTER**

Division of Co			
SURJECT. Monst	er House of Gaines	sville, LLC	
State 1.		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Mona M.	Bugdal		
	(	Name of Person)	
<del></del>		Firm/Company)	
1117 NIVA	/ 35th Ave.		
1117 199	Jour Ave.	(Address)	
Gainesvi	lle, FL 32609		
	<del>`</del>	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Mona M. Bugd		at (352 ) 219-765	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 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 enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
Monster House of Gainesville, LLC	, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must clid with the words Eximited Encounty Company	, Elimited company of their accretional asset, or sites, )
ARTICLE II - Address:	
The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1117 NW 35th Ave.	1117 NW 35th Ave.
Gainesville, FL 32609	Gainesville, FL 32609
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)  The name and the Florida street address of	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)  The name and the Florida street address of	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Name
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of Mona M. Bugdal  1117 NW 35th Ave	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Name
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of Mona M. Bugdal  1117 NW 35th Ave	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:  Name  9. treet address (P.O. Box NOT acceptable)

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 (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Kyle Bugdal
	1117 NW 35th Ave.
	Gainesville, FL 32609
MGRM	Bruce Bugdal
	1117 NW 35th Ave.
•	Gainesville, FL 32609
MGRM	Mona M. Bugdai
	1117 NW 35th Ave.
	Gainesville, Ft. 32609
<del></del>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>date of filing</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

## **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.)

Mona M. Bugdal

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)

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