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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration Section Division of Corporat		•			
SUBJE	CCT:	Monster (Name of Limited	Dunes / LL I Liability Company)	<u>C</u>		
The end	closed Articles of Orga	anization and fee(s) are su	bmitted for filing.			
Please 1	return all corresponder	nce concerning this matter	to the following:			
	***************************************	Nancy	M Stuart Name of Person)	(President)		
Monster Dunes, LLC (Firm/Company)						
185-B South Blud BB B						
(Address)  Roynton Beacl, FZ 33435  (City/State and Zip Code)  For further information concerning this matter, please call:						
(City/State and Zip Code)						
For furt	her information conce	rning this matter, please o	eall:	ORIOA	03	
Rusanne Balfour at (954) 701-1086  (Name of Person) (Area Code & Daytime Telephone Number)						
Enclose	ed is a check for the	following amount:				
\$125		\$130.00 Filing Fee & rtificate 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)		
		ailing Address gistration Section	Street/Courier Address Registration Section			

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liability Company is:				
Monster Dunes, LLC				
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address:				
The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
Nancy M Stuart  185-B South Blud  Boynton Beach, Fix 33435 Ft Landerdale, FC 33313				
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:				
The name and the Florida street address of the registered agent are:				
Mancy M Stuart Name				
Florida street address (P.O. Box NOT acceptable)  Boynton Beach FL 33435  City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
President	Nancy M Stuart 185-B South Blad Bounton BOBCL FC 33435
Vice President	Rosanne Balfour 3001 N.W. 46# Ave #301 Ft. Landerdale, FC 33313
	OT APR
	A-3 AHI: 03
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the c	late of filing: Apr. 12, 2007. (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five business days prior

**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)