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grain History

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
A. LUNT						
AUG 2 2 2008						
EXAMINER						

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: PCMonsta.com						
	(Name of Lin	nited Li	ability Comp	any)			
The en	aclosed Articles of Organization and fee(s) at	re subm	itted for filin	ıg.			
Please	return all correspondence concerning this m	atter to	the following	g:			
	Jarod Farina						
		(Nam	e of Person)				
	PCMonsta.com						
		(Firm	/Company)				
	3246 Garfield Street			•		SE TALI	7005
	Hollywood FL 33021	(<i>A</i>	Address)			RETAR AHASS	1062
	(6	City/Stat	e and Zip Cod	e)		<u> </u>	
For further information concerning this matter, please call:						STATE .	و يو ر
Jaro	d Farina	at (786	859-2	192	<i>,</i> #++++++++++++++++++++++++++++++++++++	
	(Name of Person)	,	(Area Cod	le & Daytime	: Telephone	Number)	
Enclos	sed is a check for the following amount:						
\$ 125.	\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}		S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclose				Status & y
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	S	Registrat Division Clifton E 2661 Exc	ourier Addition Section of Corporate Building secutive Centrals 233	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICI E I N			
ARTICLE I - Name: The name of the Limited Liability Company is	s:		
PCMonsta.com LLC.			
(Must end with the words "Limited Liah	pility Company, "L.L.C.," or "LL	C.")	
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Lin	nited Liability Co	mpany is:
Principal Office Address:	Mailing Address:		
3246 Garfield Street	3246 Garfield Street		
Hollywood FL 33021	Hollywood FL 33021		_
		<u> </u>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	ed Office, & Registered istered Agent. You must designat	Agent's Signatur e an individual or anoth	e:
The name and the Florida street address of the	registered agent are:		
Jarod Farina		- S - S - S - S - S - S - S - S - S - S	
Name	e	9: 39 TATE ORIDA	
3246 Garfield Stree	et	_	
Florida street ac	ddress (P.O. Box NOT accept	able)	

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..

egistered Agent's Signature (REQUIRED)

Hollywood, Florida, 33Q21
City, State, and Zip

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Jarod Farina (Use attachment if necessary) (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: _ (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:**

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

(h 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.)

Jarod Farina

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)