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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

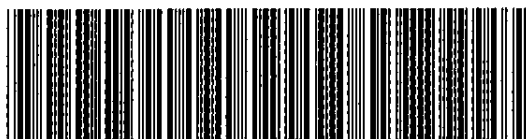
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 20 2009

EXAMINER

COVER LETTER

TO:

SUBJECT: Monster Rewards, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Megan Schultz

Name of Person

Monster Rewards, LLC

Firm/Company

696 1st Avenue N. Ste 100

Address

St. Petersburg, FL. 33701

City/State and Zip Code

Megan@membershipservices.net

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

For further information concerning this matter, please call:

Megan Schultz

Name of Person

at (727) 531-5600

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL. 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The Name of the Limited Liability Company is:

Monster Rewards, LLC

(Must end with the words “Limited Liability Company,” “L.L.C.,” or “LLC”)

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

696 1st Avenue N.
Ste 100
St. Petersburg, FL. 33701

Mailing Address:

696 1st Avenue N.
Ste 100
St. Petersburg, FL. 33701

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:

Megan Schultz
696 1st Avenue N. Ste 100
Florida street address (P.O. Box NOT acceptable)
St. Petersburg, FL. 33701
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.

Megan Schultz
Registered Agent’s Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR"=Manager

"MGRM"= Managing Member

Name and Address:

MGR

Bryon Wolf

696 1st Avenue N. Ste 100

St. Petersburg, FL. 33701

MGRM

Roy Eliasson

696 1st Avenue N. Ste 100

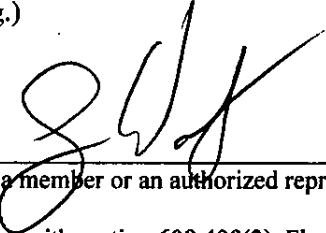
St. Petersburg, FL. 33701

(Use Attachment if necessary)

ARTICLE V: Effective date, if other than the date of the filing: _____.(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 the 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.)

Bryon Wolf

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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TALLAHASSEE, FLORIDA