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SECTETARY OF STATE ALLAHASSEE, FLORIDA 2014 APR 10 PH 11:

APR 1 1 2013

T. HAMPTON

COVER LETTER

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: Monkey House Ventures LLC		
Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Michael Hofeld		
	Name of Person	
Monkey House Ventures LLC		
	Firm/Company	
3300 NE 192 st Apt 1211		
	Address	
Aventura, FL 33180		
	City/State and Zip Code	
benderceo@yahoo.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, ple	ase call:	
Michael Hofeld at (at (at (at (609) 816-3964 Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee	□\$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	Street/Courier Add	ress

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Monkey House Ventures L	
(Must end with the words "Limi	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Monkey House Ventures LLC 3300 NE 192 St Apt 1211	Monkey House Ventures LLC 3300 NE 192 st Apt 1211
Aventura Fl. 33180	Aventura FI, 33180
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its o another business entity with an active Florida registra	vn Registered Agent. You must designate an individual or
The name and the Florida street address of the registe	red agent are:
Michael Hofeld	
Na	me
3300 NE 192 st Apt 1211	
Florida street address (P.O. I	Box NOT acceptable)
Aventura	FL 33180
City	Zip
the place designated in this certificate, I hereby ac capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company at sept the appointment as registered agent and agree to act in this ns of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, F.S
(CONTI	NUED) TALE
Page 1	NUED) SECRETARY ALL AND SEE TO P

<u>"/</u>	<u>'itle:</u> AMBR" = Authorized	Member	Name and Address:	
	MGR" ≕ Manager AMBR		Michael Hofeld	
	VINDIX		3300 NE 192 st Apt 1211	
			Aventura, FL 33180	
			7.13.14.4.1.1.2.30.159	
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J)	Use attachment if neces	ssary)		
effect ite of	V: Effective date, if o tive date is listed, the filing.) VI: Other provisions,	date must be specific a	g: (OPTIONAL) nd cannot be more than five business days prior to	or 90 da
effect ite of	tive date is listed, the filing.) VI: Other provisions, in the provisions, in the provisions, in the provisions of the	fany.	Helel	or 90 da
effect ite of	VI: Other provisions, i	gnature of a member of a my false information and the potential any false information as professional after the potential any false information as professional and the potential any false information as professional and the potential any false information and the potential any false information and the potential and	nd cannot be more than five business days prior to	ent
effectate of ICLE	VI: Other provisions, is VI: Other provisions, is EQUIRED SIGNAT Si (In accordance constitutes and I am aware the constitutes a temporal to the constitutes and I am aware the constitutes at the const	gnature of a member of a with section 605.0203 affirmation under the poat any false information hird degree felony as promitting the false of Organizate and Articles of Organizate	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document is of perjury that the facts stated herein are true. submitted in a document to the Department of State by ided for in s.817.155, F.S.)	ent

ARTICLE IV-