Division of Corporations Electronic Filing Cover Sheet

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10:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA Account Number: 072450003255 : (305)634-3694 Phone

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for futu annual report mailings, Enter only one email address please. **

Email Address:_

FLORIDA LIMITED LIABILITY CO. MONSTER FOLK, LLC

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Certified Copy	1
Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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CORP USA

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62:01 ST02/00/90



COVER LETTER

	egistration Section ivision of Corporations				
SUBJECT	Monster Polk, LLC				
002040	Name of I	imited Liability Company	··		
The enclos	ed Articles of Organization and fee(s)	are submitted for filling.			
Please rott	in all correspondence concerning this	matter to the following:			
	MICHAEL E	DELBERO			
		Name of Person			
		Firm/Company			
	13011 S.W. 40TH STREET				
		Address			
	DAVIE, FL 33330				
	MICHAELEDELBERG@GMAIL.C	City/State and Zip Code OM			
	E-mail address: (to be us	ed for future annual report notificat	ion)		
For further	nformation concerning this matter, plo	ase call:		= 10 G	
	MICHAEL EDELBERG	305 494-4485			w • ;
	Name of Person	Area Codo Daytime Telephor	se Number		
Enclosed i	s a check for the following amount:				*
\$125.00 F	lling 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)	3: 26	

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahasses, FL 32314

Street Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahausce, FL 32301

62:b1 S102/b0/90 9696889908

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
MONSTER FOLK (Must end	LLC with the words "Limited	Liablifty Company,	"L.L.C.," or "LLC.")	<u>-</u>
ARTICLE II - Address: The mailing address and street	address of the principal o	flice of the Limited	Liability Company is:	
Princi	pal Office Address:		Mailing Address:	
13011 S.W. 40TH 5 DAVIE, FL 33330		SAM	Е	_
	いし たるいめんり せんせいき ひゃりげる めいか			
another business entity with an The name and the Florida street	active Florida registration	on.) I agent are: ERG	ou must designate an individual or	
another business entity with an	active Plorida registration t address of the registered MICHAEL EDELBI	on.) I agent are: ERG Name	ou must designate an individual or	
another business entity with an	active Florida registration taddress of the registered	on.) I agent are: SRG Name TREET		
another business entity with an	active Plorida registration t address of the registered MICHAEL EDELBI 13011 S.W. 40TH S	on.) I agent are: SRG Name TREET		
another business entity with an	active Florida registration t address of the registered MICHAEL EDELBI 13011 S.W. 40TH S Florida street address	on.) I agent are: ERG Name TREET (P.O. Box NOT so	ceptable)	
another business entity with an The name and the Florida stress for the name and the Florida stress flowing been named as registered place designated in this certificate further agree to comply with the p	active Florida registration t address of the registered MICHAEL EDELBI 13011 S.W. 40TH S' Florida street address DAVIE City t agent and to accept serve, I hereby accept the approvisions of all statutes re-	in agent are: SRG Name TREET (P.O. Box NOT ex FL State continuent as registere elating to the proper	ceptable)	ity. I

(CONTINUED)
Page 1 of 2

9696889908 67:71 9102/70/90

<u>Title:</u> "AMBR" = Authorized Member		
"Viving " - Virilbused intemper	Name and Address:	
"MGR" = Manager		
AMBR	MICHAEL EDELBERG	
. 13.122.22	13011 S.W. 40TH STREET	
	DAVIE, FL 33330	
. <u> </u>		
		
(Use attachment if necessary)		
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ARTICLE VI: Other provisions, if any.	··· ···	15 JUN -4
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RECLURED SIGNATURE: Signature of a man (In accordance with sect	with the substituted representative of a member. tion 605.0203 (1) (b). Plorida Statutes, the execution of this document) Dan 155
REQUIRED SIGNATURE: Signature of a me (In accordance with sectoropticutes an affirmation	omber or an authorized representative of a member. tion 605.0203 (1) (b), Plorida Statutes, the execution of this document in under the penalties of periory that the facts stated herein are true.	
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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)