

Division of Corporations

**L22000123715**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Email Address: LUTZOWCORY@HOTMAIL.COM

**FLORIDA LIMITED LIABILITY CO.  
YUKON'S MONSTER GARAGE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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H22000111369

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

**YUKON'S MONSTER GARAGE 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:

Mailing Address:

13041 LANE PARK CUTOFF SUITE K  
TAVARES, FL 32778

13041 LANE PARK CUTOFF SUITE K  
TAVARES, FL 32778

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:

CORY LUTZOW

Name

5740 TARLETON WAY

Florida street address (P.O. Box **NOT** acceptable)

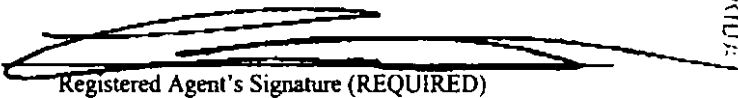
MT. DORA

FL 32757

City

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

CORY LUTZOW

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	CORY LUTZOW
	5740 TARLETON WAY
	MT. DORA, FL 32757
AMBR	AMANDA BUZBEE
	7489 ABINGTON WAY
	WEEKI WACHEE, FL 34613

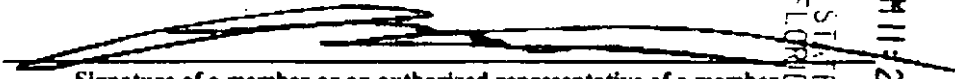
(Use attachment if necessary)

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

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUIRED SIGNATURE:

  
Signature of a member or an authorized representative of a member  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CORY LUTZOW  
\_\_\_\_\_  
Typed or printed name of signee

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