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, (Re	equestor's Name)	
• (Ad	ldress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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T. CLINE

JUL 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Monster Bucks, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Rick Redmon (Name of Person)
(Name of Person)
Monster Bucks, LLC (Firm/Company)
(Firm/Company)
12 Eisenhouer Ct. Unit B The Address) Nicholasville, Ky 40356 (CTV/State and Zin Code)
Nicholasville, Ky 40356 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Rick Redmon at (859) 887-2945 (Name of Person) (Area Code & Daytime Telephone Number) Col: 859-312-7449 MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\int\\$125.00 \text{ Filing Fee} \int\\$130.00 \text{ Filing Fee & }\int\\$155.00 \text{ Filing Fee & }\int\\$160.00 \text{ Filing Fee, Certificate of Status} \text{ Certified Copy}

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOLLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN
Manches Darke 11-C.	
1. Monster Bucks, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabili Company," "L.L.C.," "LLC.")	written ty
2. Kentucky (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26-19797 (FEI number, if applicable)	
4. 2/14/2008 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 121 Eisenhower Ct. Unit B	
Nicholasville, Ky 40356 (Street Address of Principal Office)	11-21-00 11-12-00 11-
8. If limited liability company is a manager-managed company, check here	CETTERS TO
9. The name and usual business addresses of the managing members or managers are as follows: Rick Redmon, 4609 Brindley way, Lexington, Ky 40515 ? Brad Redmon, 3652 Winding Wood Lave Lexington Ky 405	
Brad Redmon, 3652 Winding Wood Lane, Lexington, Ky 40:	515
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	ords in
11. Nature of business or purposes to be conducted or promoted in Florida:	
Retail Sales of Halloween Costumes, decorations, and merchan	idise
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	
an affirmation under the penaltics of perjury that the facts stated herein are true.) $O := V O \mathbf{A}$	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: Monster Bucks, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are	
Donna Maines (Name)	The Control of the Co
1523 Storington Rd. Florida Street Address (P.O. Box NOT ACCEPTABLE)	THE JUL 21 P
Brandon, FL 33511 City/State/Zip	— R - 2
Having been named as registered agent and to accept service of process for the abo	490

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, Florida Statutes.

Donna Maines
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

7/16/2008

Commonwealth of Kentucky Trey Grayson, Secretary of State

Division of Corporations Business Filings

P. O. Box 718 Frankfort, KY 40602 (502) 564-2848 http://www.sos.ky.gov

Certificate of Existence

Authentication Number: 67362 Jurisdiction: State of Florida

Visit http://apps.sos.ky.gov/business/obdb/certvalidate.aspx to authenticate this certificate.

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MONSTER BUCKS, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is February 14, 2008.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 16th day of July, 2008.



Trey Grayson Secretary of State Commonwealth of Kentucky 67362/0685625