

D24 000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

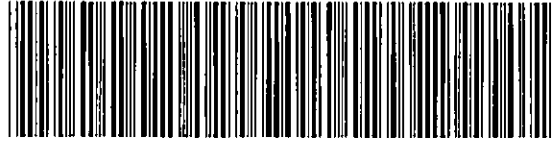
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/12/24--01018--010 **358.75

2024 JUL 12 PM 1:38
STATE OF FL
FILED

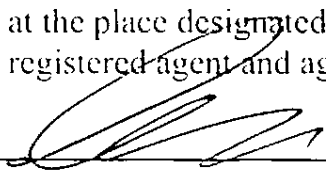
**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

NG-70 Trust

A Florida **TRUST**

In accordance with Section 609.02 of the Florida Statutes, pertaining to Common Law Declarations of Trust, the undersigned, the Chairman of the Board of Trustees of NG-70 Trust, a
(Name of Trust)
Florida Trust hereby affirms in order to file or qualify
(State)
NG-70 Trust, in the State of Florida.
(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is 1671 Doran Rd.
Sparta, TN 38583
3. The registered agent and street address in the State of Florida is:
Steve A. Geci
2950 N. 12th Avenue Pensacola, FL 32503
4. Acceptance by the registered agent: Having been named as registered agent to accept service of process for the above named Declaration of Trust at the place designated in this affidavit, I hereby accept the appointment as registered agent and agree to act in this capacity.

 7/2/24
(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of Trust under which the association proposes to conduct its business in Florida.

Neil A. Geci

Name:
Chairman of the Board of Trustees

NOTARY

Filing Fee: \$350.00
Certified Copy: \$ 8.75 (optional) ✓

CR2E063(3/00)

358.75

2024 JUL 12 PM 1:38
FILED

STATE OF FLORIDA
COUNTY OF ESCAMBIA

BE IT REMEMBERED, that on this 2nd day of July 2024, before me, the subscriber, a Notary Public in and for the said County and State personally came Steve A Geci as Agent in the foregoing trust agreement and acknowledged the signing thereof to be his voluntary act and deed, () are personally known to me or () have provided valid driver's licenses as identification.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid.

My Commission Expires: 8/24/26



Notary



Kara DeVico
Notary Public
State of Florida
Comm# HH304982
Expires 8/24/2026

2024 JUL 12 PM 1:38
STATE
F.L.

Declaration and Contract of Trust

An Irrevocable Common Law Business Trust to
be Interpreted and Executed under the Right of
Contract and Common Law, with the Original
Situs in:

STATE OF FLORIDA
COUNTY OF ESCAMBIA

THIS INDENTURE AUTHORIZES ITS
TRUSTEE TO PERFORM UNDER THE
NAME OF

NG-79 Trust

FILED
2024 JUL 12 PM 1:38
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

DECLARATION OF TRUST

THIS DECLARATION OF TRUST, made this 2nd day of July in the year of 2024 by:

Steve A. Geci, of Escambia County, State of Florida (the "SETTLOR") and
Neil A. Geci, of White County, State of Tennessee (the "TRUSTEE") and
Hannah R. Geci, of White County, State of Tennessee (the "TRUSTEE").

2024 JUL 12 PM:38
NOTARIAL PUBLIC

1.1 CLASSIFICATION OF ORGANIZATION:

This declaration of trust is intended to create an Irrevocable Business Trust (the "trust") and not a partnership or a joint stock association.

2.1 DEFINITIONS:

For the purpose of this deed, the singular shall include the plural, and the words "he" or "she" shall include both genders, and references to a person shall include a corporation or corporations, save where the context specifically so denies.

"Certificates of Capital Units" means a certificate representing a percent of the PROPERTY or Corpus of the Trust. The Grantor, Settlor, and any Exchanger shall receive Certificates of Capital Units, of indeterminable value, in exchange for the property they exchanged into the trust. The Certificates of Capital Units legally consist of the immovable "Res" (Corpus of the Trust). The Capital Units are of indeterminable value until sold. Capital Units are not the same as Certificates of Trust Units.

"Property" means real and personal movable or immovable property of any description and wheresoever situate including (without limiting the generality thereof) policies, cash, chose in action, deeds, titles, assignments, mortgages and loans.

"Certificates of Trust Units", also known as, **Certificates of Beneficial Interest**, means a certificate representing a percentage of the movable "Res" or the PROFITS of the trust. Only the Beneficiaries may receive Certificates of Trust Units. Neither the Settlor, the Trustees, the Trust Officers, nor the Exchanger may receive Certificates of Trust Units.

3.1 TRANSFER TO TRUSTEES:

- (a) The Settlor transfers to the Trustees all this rights, titles and interest in property described in Schedule "A" attached.
- (b) The Trustees will hold the property described in Schedule "A" and all property hereafter acquired, and all income and profits collectively (the "Trust Property") in trust, and shall manage, administer, collect and dispose of the trust property for the benefit of persons who acquire Certificates of Capital Units and Certificates of Trust Units.
- (c) In the event of, and upon the death, resignation, or incapacity of either one of the two trustees, the remaining trustee shall continue to serve, and shall appoint a Successor trustee within thirty (30) days. Providing there are no objections within thirty (30) days from the date of said appointment, the appointment shall stand. In the event of, and upon the death, resignation, or incapacity of both trustees to serve, the Settlor within thirty (30) days therefrom shall notify the Successor Trustees that they, upon their acceptance, shall perform the "duties as trustees" pursuant to paragraph 10.1.

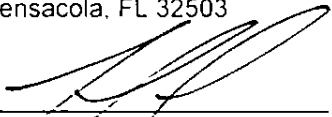
4.1 NAME OF THE TRUST:

- (a) The trust shall be called NG-79 Trust.
- (b) The trustees, in the name of the trust, may engage in general business activity, and perform all acts they consider necessary in furtherance of such activity. The powers and duties of the trustees are more specifically set forth in Paragraphs 10.1 and 11.1.


Initials of Trustees: AHG



Steve A. Geci - SETTLOR
2950 N 12th Avenue
Pensacola, FL 32503



Neil A. Geci - TRUSTEE
1671 Doran Rd.
Sparta, TN 38583

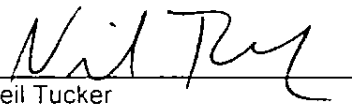


Hannah R. Geci - TRUSTEE
1671 Doran Rd.
Sparta, TN 38583

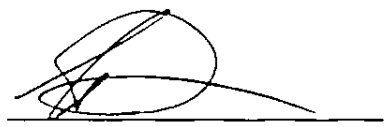
2024 JUL 12 PM 1:38
NOTARY PUBLIC

IN WITNESS WHEREOF, the Settlor has hereunto set his hand and the Trustee have hereunto set his hand as of the day and year above written.

WITNESSES:



Neil Tucker



Kenneth Davico

STATE OF FLORIDA

COUNTY OF ESCAMBIA

BE IT REMEMBERED, that on this 2nd day of, July 2024 before me, the subscriber, a Notary Public in and for the said County and State personally came: Steve A. Geci, SETTLOR in the foregoing trust agreement and acknowledged the signing thereof to be his voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid.

My Commission Expires: 8/24/26



Notary 7/2/24



Kara DeVico
Notary Public
State of Florida
Comm# HH304982
Expires 8/24/2026

STATE OF FLORIDA

COUNTY OF ESCAMBIA

BE IT REMEMBERED, that on this 2nd day of, July 2024 before me, the subscriber, a Notary Public in and for the said County and State personally came: Neil A. Geci TRUSTEE in the foregoing trust agreement and acknowledged the signing thereof to be his voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid.

My Commission Expires: 8/24/20

Kara DeVico
Notary 7/2/24



Kara DeVico
Notary Public
State of Florida
Comm# HH304982
Expires 8/24/2026

STATE OF FLORIDA

COUNTY OF ESCAMBIA

BE IT REMEMBERED, that on this 2nd day of, July 2024 before me, the subscriber, a Notary Public in and for the said County and State personally came: Hannah R. Geci TRUSTEE in the foregoing trust agreement and acknowledged the signing thereof to be his voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year last aforesaid.

My Commission Expires: 8/24/20

Kara DeVico
Notary 7/2/24



Kara DeVico
Notary Public
State of Florida
Comm# HH304982
Expires 8/24/2026

2024 JUL 12 PM 1:39

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MEEP COSMETICS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENRIQUE MASTRAPPA JR
Name of Person

MEEP COSMETICS
Firm/Company

24981 SW 107TH CT
Address

HOMESTEAD, FL 33032
City/State and Zip Code

ABSTRK@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2024 JUN 12 PM 1:39

For further information concerning this matter, please call:

ENRIQUE MASTRAPPA JR at (786) 247-9576
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MEEP COSMETICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5-15-2024 and assigned Florida document number L24000226765

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BIANCA, MASTRAPPA	24981 SW 107 CT HOMESTEAD, FL 33032	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR MGR	ENRIQUE MASTRAPPA	249 81 SW 107 CT HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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