

W040000033042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

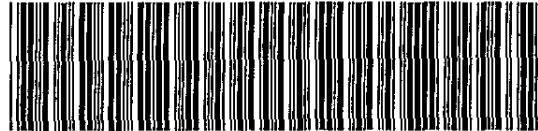
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04 APR 23 AM 7:52

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Project Weak Minds LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Ashlend Miller
(Name of Person)

Project Weak Minds LLC
(Firm/Company)

1936 Bruce B. Downs BLVD STE 325
(Address)

Wesley Chapel FL, 33543
(City/State and Zip Code)

For further information concerning this matter, please call:

Ashlend Miller at (813) 9294114
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Project Weak Minds LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Project Weak Minds LLC

1936 Bruce B. Downs BLVD STE 325

Wesley Chapel FL, 33543

Mailing Address:

Project Weak Minds LLC

1936 Bruce B. Downs BLVD STE 325

Wesley Chapel FL, 33543

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Ashlend Miller

Name


1936 Bruce B. Downs BLVD STE 325

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

Wesley Chapel FLORIDA 33543

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

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CLERK OF COURT
CLERK OF COURT

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Ashlend Miller

1936 Bruce B. Downs BLVD STE 325

Wesley Chapel FL, 33543

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ashlend Miller

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)