Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000176433 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-2940

Fax Number

: (516)935-3088

14 AUG 37 AM 7: 55

# LIMITED LIABILITY COMPANY

### Mind Adventures LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing, Menu,

Comporate Filing,

Public Access Help

J. BRYAN AUG 3 0 2004

H04000176433

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

<b>مس</b> ر	ARTICLES OF ORGANIZATION
<b>&gt;</b>	FOR On A
	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name	
The name of the Limited Liz	bility Company is: Mind Adventures LLC
ARTICLE II - Address	
The mailing address and stree	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY bility Company is: Mind Adventures LLC st address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5633 Strand Bouleva	rd #309 <u>5633 Strand Boulevard #309</u>
Naples, FL 34110	Naples, FL 34110
_	red Agent, Registered Office & Registered Agent's Signature
The name and Florida street a	address of the registered agent are:
	Gerald P. Flagei
	Name
	5633 Strand Boulevard #309
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Naples, FL 34110
	(City / State / Zip)
Havino heen named as revi	stered agent and to accept service of process for the above stated limited liability company
	is 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 fami Chapter 608, F.S.	liar with and accept the obligations of my position as registered agent as provided for in
	Of an arta a
	Abrald & There V
	Registered Agent's Signature - Gerald P. Flagel

ARTICLE IV - Manager(s) of The name and address of each Man	r Managing Member(s): lager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gerald P. Flagel- 5633 Strand Boulevard #309, Naples, FL 34110
(Use attachment if necessary)	TITLE STATES
REQUIRED SIGNATURE:	The state of the s
Signature	e of a member or authorized representative of a member.
	nce with section 608.408(3), Florida Statutes, the execution of this enstitutes an affirmation under the penalties of perjury that the facts in are true.)
	Gerald P. Flagel
	Typed or printed name of signee