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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 APR -4 PM 2:34

DB

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: HEALTHY MIND ENTERPRISES, L.L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.

Please send one check for the total amount made payable to the Florida Department of State.

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FROM: PATRICIA WILSON
Name (Printed or typed)

4510 BECK LAKE TRAIL
Address

MELBOURNE, FL 32901
City, State & Zip

321-722-2195
Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEALTHY MIND ENTERPRISES, L.L.C.

ARTICLE II - Address:

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

4510 BECK LAKE TRAIL
MELBOURNE, FL. 32901

ARTICLE III - Registered Agent

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

PATRICIA WILSON
4510 BECK LAKE TRAIL
MELBOURNE, FL. 32901

ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.
☒ The Limited Liability Company is to be managed by the members.

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Patricia Wilson

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

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

PATRICIA WILSON

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

**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: _____

HEALTHY MIND ENTERPRISES, L.L.C.

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

PATRICIA WILSON

NAME

4510 BECK LAKE TRAIL

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

MELBOURNE FL 32901

CITY, STATE AND ZIP

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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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Patricia Wilson

SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent