

L 080000 9 7970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

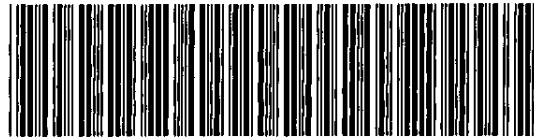
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900136850209

10/14/08--01039--022 \*\*160.00

EFFECTIVE DATE

10/8/08

FILED  
08 OCT 14 AM 9:15  
TALLAHASSEE, FLORIDA

B. KOHR

OCT 17 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mastermind Movement  
(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:

Daniel Taft  
(Name of Person)

Mastermind Movement  
(Firm/Company)

16494 NE 27 Place  
(Address)

North Miami Beach, FL 33160  
(City/State and Zip Code)

FILED  
OCT 14 AM 9:15  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 10/8/08

For further information concerning this matter, please call:

Daniel Taft at ( 305 ) 298 - 9055  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 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/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Mastermind Movement LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

16494 NE 27 Place  
North Miami Beach, FL 33160

#### Mailing Address:

16494 NE 27 Place  
North Miami Beach, FL 33160

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Daniel Taft

Name

16494 NE 27 Place

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

North Miami Beach, FL 33160

City, State, and Zip

EFFECTIVE DATE

FILED  
08 OCT 14 AM 9:15  
TALLAHASSEE, FLORIDA

10/8/08

*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, F.S.*

Daniel Taft

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGRM

Daniel Taft  
16494 NE 27 Place  
North Miami Beach, FL 33160

MGRM

Tiffany LaByer  
16494 NE 27 Place  
North Miami Sch, FL 33160

MGRM

Omar Bradford  
1227 Columbus Blvd.  
Coral Gables, FL 33134

MGRM

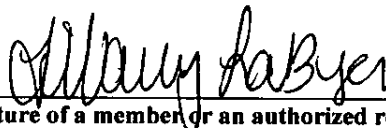
Alemayehu Kassahun  
8650 SW 67 Ave. # 1036  
Miami, FL 33143

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10-08-2008 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Tiffany LaByer

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)