W9000014149

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
·(Business Entity Name)
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(Document Number)
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0.07.10.1
Certified Copies Certificates of Status :
Special Instructions to Filing Officer:

Office Use Only



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2009 JUL 31 PH 3: 26
SECRETARY OF STATE
TAN LAHASSEE, FLORID

T. CLINE

AUG - 3 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2009

CINDI DE VOSJOLI 111 SW 6TH STREET FORT LAUDERDALE, FL 33301

SUBJECT: MASTER MIND GROUP, LLC

Ref. Number: W09000033476

We have received your document for MASTER MIND GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unlesset the dissolved/revoked entity provides the Department of State with an affidation letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L03000004508.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 409A00025155

COVER LETTER

TO:	Registration Division of C	orporations		
oun.	- CT	· Master Mind	Group, LLC	
SUBJI	ECT:	Name of Limite	ed Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this matt	er to the following:	
		ndi de Vosjoi	<i>\;</i>	
			Name of Person	
	Hot	House of Des	sian	
			Firm/Company	
	111 3	SW 6th Stree	[
			Address	20 5 5
	Fort L	auderdale, FL	33361	2009 JUL 3 SECRETAF
	qula	auderdale, FL 954 e gmail.co	y/State and Zip Code	JUL 31 B
	<u> </u>		or future annual report notification)	
For fu	rther information	n concerning this matter, please	e call:	F STATE
7	mathan	Gula	at (<u>954</u>) <u>47/- 2</u> Area Code & Daytime Telep	2423
	Name	e of Person	Area Code & Daytime Telep	phone Number
Enclos	sed 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)
	\rightarrow	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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words	"Limited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addr	ress of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Hot House of Design 111 SW 6th Street Fort Lowbrolle FL 3330	Hot House of Design To B 111 SW 6th Street Fin B Fort Landordale, FL 33301 &
(The Limited Liability Company cannot serve a business entity with an active Florida registrat	
(The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street add	ress of the registered agent are:
(The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street add	ress of the registered agent are:
(The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street add Once 4	Iress of the registered agent are:
(The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street add Once 4	ress of the registered agent are:
(The Limited Liability Company cannot serve a business entity with an active Florida registrat The name and the Florida street add 1000 c. H	Iress of the registered agent are:
The name and the Florida street add The name and the Florida street add The name and the Florida street add Florida street	ress of the registered agent are: An Gula Name 25th Avenue

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE	IV-	Manager	s) or	Managing	Member	(s):
	* *		U, W.	* · * * * * * * * * * * * * * * * * * *		, , ,

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managin	Name and Address: g Member
MGRM	Cynthia Ann de Vosioli 3133 SW 15th Court Ft. Loudedale, FL 33312
2) <u>MGRM</u>	Robin M. Cline 3430 SW 17 th Street Ft. Lawderskale FL 33312
3) MGRA	Sean de Vosiols 825 Tequesta Street For 8 Ft Lunderdale FL 33312 FC
4) MGRM 5 forol, please see attachment	Rhonda Ritchie Aslaksenon w. T 7011 SW 8th Street mx Plantation FL 33317
ARTICLE V: Effective date,	if other than the date of filing: <u>(Effective date)</u> (OPTIONAL) he date must be specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNA	TURE:
(In a of the	ature of a member or an authorized representative of a member. ccordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury the facts stated herein are true.) Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

** Attachment - Manager(s) or Managing Member(s):

Title

5) MGMR

Name and Address

Jonathon M. Gula

906 NE 25th Avenue

Pomparo Beach, FL 33062

2009 JUL 31 PM 3: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA