L09000115103

(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

500162486485

500162486485
12/02/09--01020--011 **160.00

Effective Date 12/1/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 AM 10:08

T. HAMPTON

DEC - 3 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MIND THE GAP, 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:

ANN ASCANI
Name of Person

COLONIAL LIFE INSURANCE
Firm/Company

2809 WINDING TRAIL DRIVE
Address

VALRICO, FL 33596
City/State and Zip Code

ANN.ASCANI@COLONIALLIFE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN ASCANI at (813) 760-2538
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

26 November 2009

Florida Dept of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Florida Corporation Application – Mind The Gap LLC

To Whom It May Concern:

Attached please find my application for a Florida LLC filing:

NAME: Ann Ascani
ADDRESS: 2809 Winding Trail Drive
Valrico, FL 33596-7917
DAYTIME: (813) 760-2538 (Cell)

Thank you for your assistance on this request.

Sincerely,

Ann Ascani

Ann Ascani

Effective Date 12/1/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MIND THE GAP, 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:	**Mailing Address:**
2809 WINDING TRAIL DRIVE VALRICO, FL 33596	2809 WINDING TRAIL DRIVE VALRICO, FL 33596

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:

ANN ASCANI
Name

2809 WINDING TRAIL DRIVE
Florida street address (P.O. Box **NOT** acceptable)

VALRICO FL
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, F.S..

Ann Ascani
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
09 DEC -2 AM 10:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	ANN ASCANI 2809 WINDING TRAIL DRIVE VALRICO, FL 33596

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1 DECEMBER 2009 . (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:

Ann Ascani

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.)

ANN ASCANI
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 AM 10:08