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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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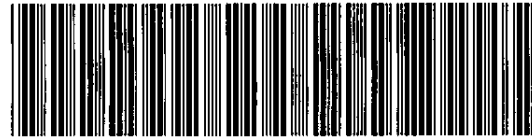
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 AUG -2 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
Aug 3 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2010

MARK A. NIXON / CONCEPT MINE, LLC.
830-13 A1A NORTH, #118
PONTE VEDRA BEACH, FL 32082

SUBJECT: CONCEPT MINE, LLC.
Ref. Number: W10000032458

We have received your document for CONCEPT MINE, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 910A00016711

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Concept Mine, LLC (EIN # 27-2972838)
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:

Mark A. Nixon

Name of Person

Concept Mine, LLC

Firm/Company

830-13 A1A North, #118

Address

Ponte Vedra Beach, FL, 32082

City/State and Zip Code

manixon24@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark A. Nixon

Name of Person

at (

904

874-2266

) 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:

Concept Mine, 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:

830-13 A1A North, #118
Ponte Vedra Beach, FL 32082

Mailing Address:

830-13 A1A North, #118
Ponte Vedra Beach, FL 32082

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:

Mary E. Nixon

Name

272 Payasada Circle

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

Ponte Vedra Beach FL 32082

City, State, and Zip

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2018 AUG -2 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Mary E. Nixon
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Mark A. Nixon

272 Payasada Circle

Ponte Vedra Beach, FL 32082

MGR

Todd Philcox

1156 Creeks Edge Court

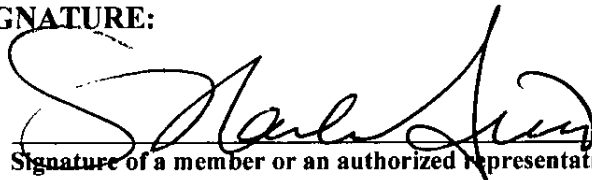
Ponte Vedra Beach, FL 32082

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Mark A. Nixon

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)