

L10000089538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

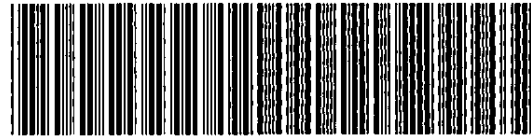
(Business Entity Name)

(Document Number)

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

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Office Use Only



500183952645

08/13/10--01020--002 \*\*130.00

Effective Date 08/12/10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 13 AM 8:49

T. HAMPTON  
AUG 26 2010  
EXAMINER

44-582-010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Active Mindz 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:

Sangeeta Handa

\_\_\_\_\_  
Name of Person

Active Mindz LLC

\_\_\_\_\_  
Firm/Company

14060 SW 82nd Ave

\_\_\_\_\_  
Address

Miami FL 33158

\_\_\_\_\_  
City/State and Zip Code

handas@bellsouth.net

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

For further information concerning this matter, please call:

Sangeeta Handa

\_\_\_\_\_  
Name of Person

at ( 305 ) 4311008

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 AUG 25 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 16, 2010

SANGEETA HANDA  
14060 SW 82ND AVE  
MIAMI, FL 33158

SUBJECT: ACTIVE MINDZ LLC  
Ref. Number: W10000038544

We have received your document for ACTIVE MINDZ 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 13, 2010. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 010A00019628

Effective Date 08/12/10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Active Mindz 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:

14060 SW 82nd Ave

Miami FL 33158

#### Mailing Address:

14060 SW 82nd Ave

Miami FL 33158

### 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:

Sangeeta Handa

Name

14060 SW 82nd Ave

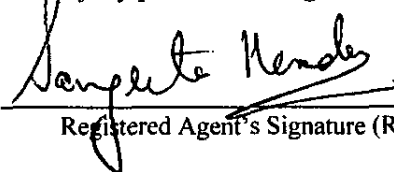
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33158

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 13 AM 8:49

**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

Sangeeta Handa

14060 SW 82nd Ave

Miami FL 33158

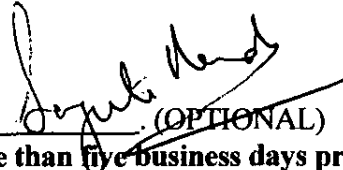
MGRM

Sushama Tole

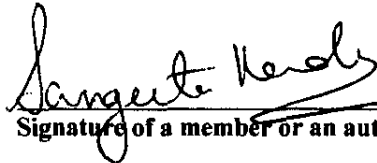
13925 SW 77 Ave

Miami FL 33158

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/05/2010 <sup>12</sup>  (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.)

Sangeeta Handa

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  
10 AUG 13 AM 8:49  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS