

L110000063857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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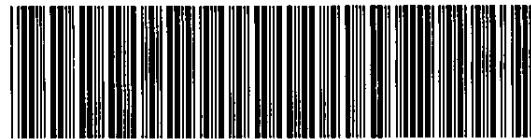
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05/31/11--01023--028 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 31 PM 12:30

*** KNOLLMILLER & ARENOFSKY, LLP ***

Attorneys at Law

(480) 345-0444

JAMES G. KNOLLMILLER**
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* ALSO ADMITTED IN NEW JERSEY
**CERTIFIED TAX, TRUST & ESTATE SPECIALIST
ALL CERTIFICATIONS BY STATE BAR OF ARIZONA

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SECRETARY OF CORPORATIONS
MAY 18 2011 PM 12:30

May 18, 2011

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32714

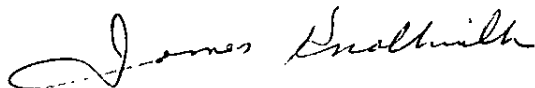
Re: **EYE POPPIN' MIND BLOWIN' VEHICLE WRAPS, LLC**

Enclosed are the Articles of Organization for EYE POPPIN' MIND BLOWIN' VEHICLE WRAPS, LLC and a check in the amount of \$130 for the filing fee and the Certificate of Status.

Please return the Certificate of Status to:

James G. Knollmiller
1745 S. Alma School Rd., Suite 130
Mesa, AZ 85210.

Very truly yours,



James G. Knollmiller

JGK/ck
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EYE POPPIN' MIND BLOWIN' VEHICLE WRAPS, 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:

JAMES G KNOLLMILLER

Name of Person

KNOLLMILLER & ARENOFSKY, LLP

Firm/Company

1745 S ALMA SCHOOL RD SUITE 130

Address

MESA AZ 85210

City/State and Zip Code

jknollmiller@aboutestateplanning.com

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

For further information concerning this matter, please call:

JAMES G KNOLLMILLER

Name of Person

at (480) 345-0444

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

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EYE POPPIN' MIND BLOWIN' VEHICLE WRAPS, 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:

103 N VOLUSIA AVENUE
ORANGE CITY
FLORIDA 32763

Mailing Address:

SAME

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:

RICHARD L. NICOLDS

Name

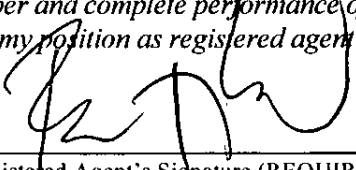
103 N VOLUSIA AVENUE

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

ORANGE CITY FL 32763

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)

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DIVISION OF CORPORATIONS
11 MAY 31 PM 12:30

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

RICHARD L. NICOLDS
103 N VOLUSIA AVENUE
ORANGE CITY, FL 32763

MGRM

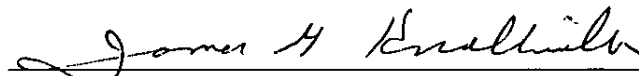
JAMES G. KNOLLMILLER
1745 S ALMA SCHOOL RD SUITE 130
MESA, AZ 85210

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JAMES G. KNOLLMILLER

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)