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, (Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
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SECRETARY OF JATE BIVISION OF CORF TRAILOR

C. LEWIS
WAR 2 0 2013
EXAMINER

(850) 245-6051.

COVER LETTER

<i>y.</i>	TO:	Registration Section
		Division of Corporations

SUBJECT: Mastermind "LLC"

Name of Limited Lightlity Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Watkins
Name of Person
JW Mastermind "LLC"
Firm/Company
10899 Birchard Lane
Address
Jacksonville, FL 32257
City/State and Zip Code
Wats 1-990 vahoo, com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Watkins at (904) 955 9587

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

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
JW Mastermind	"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 prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10899 Birchard Lane Jacksonville, FL 32257	10899 Birchard Land Tacksonville, FL 32257
ARTICLE III - Registered Agent, Registered ((The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the reg	
James Watkins	Y OF STALL CORFORATION
to a 2 / / /	وسير بشر بعديد
10899 Birchard Land	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Jacksonulle City, State	FL 32257
City, State	, and Lip

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

Title:	mager or Managing Member is as follows: SECRETARY OF STATE DIVISION OF CORPORATE
"MGR" = Manager "MGRM" = Managing Member	Name and Address: 2018 MAR 19 AM 10: 5
James Watkins	10899 Rirchard Lane
	Jacksonville, FL 32257
10 11 11/03	10 20C 0 (
Adhana Howard-Watkins	Jackson Ille . Fl 32257
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Use attachment if necessary)	
Use attachment if necessary)	n the date of filing: (ODTIONAL)
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LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a me (In accordance with section)	ember or an authorized representative of a member. 1608.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other than fective date is listed, the date is or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a me (In accordance with section constitutes an affirmation up I am aware that any false in	must be specific and cannot be more than five business dang.) Authorized representative of a member.

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)