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## **COVER LETTER**

TO: **Registration Section Division of Corporations** OUR MINDZ DEZIGNZ, 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: Keith Bivens Name of Person Firm/Company 1021 W Hilary St Address Pensacola, FL 32502 City/State and Zip Code ourmindzdezignz@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Keith Bivens Name of Person Enclosed is a check for the following amount: **□\$125.00** Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

### **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street/Courier Address

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y 1S:	
OUR MINDZ DEZIGNZ, LLC	Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words Limited	Liaonity Company, E.E.C., of ECC.	
ARTICLE II - Address:		
	ne principal office of the Limited Liability Com	pany is:
		•
Principal Office Address:	Mailing Address:	
4004 14/48/1 01	4004 M Hilan Ch	
1021 W Hilary St	1021 W Hilary St	
Pensacola, FL 32502	Pensacola, FL 32502	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	ered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another the registered agent are:	2013 DEC
Keith Bivens	lame 5	语 中午
19	iame ga	S = C
1021 W Hilary St		AN III: 40
Florida stre	et address (P.O. Box <u>NOT</u> acceptable)	35 <b>5</b>
Pensacola 32502	FL :	<b>D</b>
Cit	ty, 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

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

"MGR" = Managing Member    MGR	Title:	Name and Address:
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	"MGRM" = Managing Member	
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	MGR	Keith Bivens
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:		1021 W Hilary St
REQUIRED SIGNATURE:  (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 of a maware that any false information submitted in a document to the Department of State of State Bivens  (Keith Bivens  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)		Pensacola, FL 32502
ICLE V: Effective date, if other than the date of filing:		
ITICLE V: Effective date, if other than the date of filing:	MAP II	
REQUIRED SIGNATURE:  (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 of a maware that any false information submitted in a document to the Department of State of State Bivens  (Keith Bivens  (OPTIONAL)  (OPTIONAL)		
ICLE V: Effective date, if other than the date of filing:		
ICLE V: Effective date, if other than the date of filing:	**************************************	NATURAL COLO Miles Color Co
ICLE V: Effective date, if other than the date of filing:		· · · · · · · · · · · · · · · · · · ·
ICLE V: Effective date, if other than the date of filing:		
REQUIRED SIGNATURE:  (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 a may a ware that any false information submitted in a document to the Department of State a constitutes a third degree felony as provided for in s.817.155, F.S.)  (OPTIONAL)		
TICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days or 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 a may are that any false information submitted in a document to the Department of State of the constitutes a third degree felony as provided for in s.817.155, F.S.)  Keith Bivens		· · · · · · · · · · · · · · · · · · ·
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	constitutes an affirmation under I am aware that any false informa	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State
Typed or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)