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SECRETARY OF STARR

ALLAMASSES OF STARR

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mimi Leut, 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:
Jamia Wells-Palmer
Name of Person
Mimi Leut, LLC
Firm/Company
3902 Henderson Boulevard Suite 208-108
Address
Tampa, Florida 33629
City/State and Zip Code
mimi.leut@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jamia Wells-Palmer at (727) 265-1615
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

	TICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limit	ed Liability Company is:	
Mimi Leut, LLC		
(Must end with the words "Lim	sited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address a	,	al office of the Limited Liability Company is:
Principal Office Add	ress: M	ailing Address;
3902 Henderson Boulevard S	Suite 208-108	3902 Henderson Boulevard Suite 208-108
Tamps, Piorida 33629		Tampa, Florida 33629
	y with an active Florida registrida street address of the regist	
	N	ame
	300 Fifth Avenue South, Suite 101-33	NO
	300 Fifth Avenue South, Suite 101-33 Florida street address (P.O.	
	Florida street address (P.O.	Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 JAN 21 ET 12 49
SECRETAGE CASIALE
ALLAMASSE CASIALE

<u>[itle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	Jamia Wells-Palmer
	3902 Handerson Boulevard Suite 205-108
	Tempe, Florida 33529
EV: Effective date, if other than the date o	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90
Use attachment if necessary) E. V: Effective date, if other than the date of the date is listed, the date must be specifiling.) E. VI: Other provisions, if any.	ific and cannot be more than five business days prior to or 90
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E.V: Effective date, if other than the date of the date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem	aftic and cannot be more than five business days prior to or 90
E.V: Effective date, if other than the date of citive date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem (In accordance with section 60)	aber or an authorized representative of a member: 05.0203 (1) (b), Florida Statutes, the execution of this document
E.V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 60 constitutes an affirmation unit	aber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of periury that the facts stated herein are true.
E.V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 60 constitutes an affirmation unit I am aware that any false info	aber or an authorized representative of a member: 05.0203 (1) (b), Florida Statutes, the execution of this document
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E.V: Effective date, if other than the date of the date is listed, the date must be specifiling.) E.VI: Other provisions, if any. Signature of a mem (In accordance with section 60 constitutes an affirmation unit I am aware that any false infeconstitutes a third degree felo	aber or an authorized representative of a member. 35.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State

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14 JAN 21 TIP 48

SECRETAGE SEASE