

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations Fax Number : (850)617-6393

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Mens Rea, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Aaron Rollins

Name of Person

Geibelson, Young & Bacon

Firm/Company

21700 Oxnard St. #2030

Address

Woodland Hills, CA 91367

City/State and Zip Code

rosemary@gyco_com

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

For further information concerning this matter, please call:

 Melody Young
 at (818)
 971-7334

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S125.00 Filing Fee

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SI30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) SI60.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Mens Rea, LLC

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15 BRIL O PHILE RO (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:	Mailing Address:
Mens Rea, LLC	Mens Rea, LLC
3737 Collins Ave. S-603	21700 Oxnard St. #2030
Miumi Beach, FL 33140	Woodland Hills, CA 91367

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:

C T Corpora	ation System	
Nan	18	
1200 South Pir	ne Island Road	1
Florida street address (P.O. B)	ox <u>NOT</u> acce	stable)
Plantation	EL	33324
City		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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

C T Corporation System By: Registered Agent's Signature (REQUIRED

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR MGR	Aaron Rollins 3737 Collins Ave, S-603 Miumi Beach, FL 33140	
(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		
ARTICLE VI: Other provisions, if any.		
<u>REQUIRED</u> SIGNATURE:	22	
(In accordance with Section 605, constitutes an affirmation under I am aware that any false inform	iber or an authorized representative of a member. 0203 (1) (b), 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 as provided for in s.817.155, F.S.)	
Auron Rollins	Typed or printed name of signce	
S125.00 Filing Fee for Articles of Orga S-30.00 Certified Copy (Optional)	Filing Fees: inization and Designation of Registered Agent	

\$ 5.00 Certificate of Status (Optional)

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