

L15000118571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

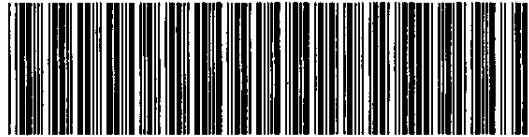
(Business Entity Name)

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L15-20069

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Bush JUL 13 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Limitless Cognition 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:

Stephen McLaughlin

\_\_\_\_\_  
Name of Person

Limitless Cognition LLC

\_\_\_\_\_  
Firm/Company

75 N Woodward Avenue, PO Box 65422, Tallahassee Florida, 32306

\_\_\_\_\_  
Address

Tallahassee, Florida, 32306

\_\_\_\_\_  
City/State and Zip Code

stephen.mclaughlin@rocketmail.com

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

For further information concerning this matter, please call:

Stephen McLaughlin

330

418-7271

at (

\_\_\_\_\_  
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**

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

**Street Address**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2015

STEPHEN MCLAUGHLON  
75 N WOOD WARD AVE  
TALLAHASSEE, FL 32306

SUBJECT: LIMITED COGNITION LLC  
Ref. Number: W15000020069

We have received your document for LIMITED COGNITION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the principal and mailing addresses in article II.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 915A00005743



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2015

STEPHEN MCLAUGHLON      2ND ML  
75 N. WOODWARD AVE.  
TALLAHASSEE, FL 32306

SUBJECT: LIMITED COGNITION LLC  
Ref. Number: W15000020069

We have received your document for LIMITED COGNITION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the principal and mailing addresses in article II.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 915A00005743



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2015

STEPHEN MCLAUGHLON      3RD ML  
75 N. WOODWARD AVE.  
TALLAHASSEE, FL 32306

SUBJECT: LIMITED COGNITION LLC  
Ref. Number: W15000020069

We have received your document for LIMITED COGNITION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the principal and mailing addresses in article II.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 915A00005743

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Limitless Cognition 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:

75 N Woodward Avenue, Tallahassee Florida,  
32306

Mailing Address:

75 N Woodward Avenue, PO Box 65422  
Tallahassee Florida, 32306

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:

Stephen McLaughlin

Name

75 N Woodward Avenue

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

Tallahassee

Florida


32306

City

State

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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Stephen McLaughlin  
75 N Woodward Avenue, Tallahassee Florida, 32306

AMBR

Alex McLaughlin  
75 N Woodward Avenue, Tallahassee Florida, 32306

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

**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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Stephen McLaughlin

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)