# L15000172900

(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone #	<del>¥</del> )
PICK-UP	☐ WAIT	MAIL
<b>(B</b> )	usiness Entity Name	e)
(Di	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Registering Minds Alert, 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:
Donald C. Michelson
Name of Person
Firm/Company
525 East Harding Street
CMichel Son @ icloud. Com
City/State and Zip Code  CMichel Son Dicloud. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Status Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	ny is:				
Mino	ls Ale	rt, L	C		<u>ئ</u> اگر
(Must end with the w	ords "Limited Li	ability Company	, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					1
The mailing address and street address of t	he principal offic	e of the Limited	Liability Company is:	4	32
Principal Office	Address:		Mailing Address:	<u> </u>	~ ~
525 East Hardin	ng Street		- Same-		7
Oylando FL 32	2806			<u> </u>	
The name and the Florida street address of	nald C.	Miche	elson ng street		
Florida	street address (F				
Or	lando	FL	32806		
<del></del>	City	State	Zip		
Having been named as registered agent and olace designated in this certificate, I hereby of urther agree to comply with the provisions of the familiar with and accept the obligations of	accept the appoint fall statutes relat	tment as register ing to the proper	ed agent and agree to act in this and complete performance of m	capacity. I y duties, and	
	Registere	d Agent's Signat	ure (REQUIRED)		

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	ज जिल्ला का का किया है। जिल्ला का किया की किया जिल्ला की किया
MCR	Donald C. Michelson
1101	525 E Hardma St.
	Ox ando PL 32 806
	•••
and the same of th	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)	of filing: (OPTIONAL)  cific and cannot be more than five business days prior to or 90 days  neet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not m	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.)  If the date inserted in this block does not more current's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be list of State's records.
CLE V: Effective date, if other than the date of effective date is listed, the date must be spective of filing.)  If the date inserted in this block does not meant's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a meaning of the date o	cific and cannot be more than five business days prior to or 90 days teet the applicable statutory filing requirements, this date will not be list of State's records.  C. Mickelly mber or an authorized representative of a member.
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filing.)  If the date inserted in this block does not mean to cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mean of the date of the	cific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be list of State's records.  C. Mickelson  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.)  If the date inserted in this block does not me cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a meeting the document is executed I am aware that any false	deet the applicable statutory filing requirements, this date will not be of State's records.  C. Michellon  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
CLE V: Effective date, if other than the date of effective date is listed, the date must be spective of filing.)  If the date inserted in this block does not mean to cument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menuity document is executed I am aware that any false constitutes a third degree	cific and cannot be more than five business days prior to or 90 days neet the applicable statutory filing requirements, this date will not be list of State's records.  C. Mickelson  mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.

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)