

L1600018/594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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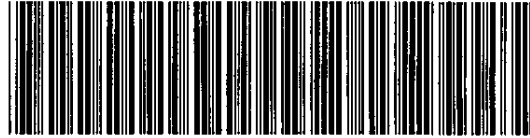
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
SEP 29 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MINDCHILD CONSTELLATION 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:

BHARADWAJ VENKATA SESHA NIPPANI
Name of Person

Firm/Company

8045 SUMMERSEIDE CIRCLE
Address

JACKSONVILLE, FL 32256
City/State and Zip Code

BVSN@BRANNIPPANI.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BHARADWAJ 'BRAD' NIPPANI at (904) 535-2860 ← MOBILE NUMBER
Name of Person Area Code Daytime Telephone Number

904 365-8184 ← ADDITIONAL
WIFI-ENABLED
MOBILE 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MINDCHILD CONSTELLATION LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC." DEPT. OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8045 SUMMERSIDE CIRCLE
JACKSONVILLE, FL 32256

Mailing Address:

P.O. Box 550508
JACKSONVILLE, FL 32255

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:

BHARADWAJ VENKATA SETHA NIPPANI

Name

8045 SUMMERSIDE CIRCLE

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

JACKSONVILLE FLORIDA 32256

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Ambr: MGR

Ambr: MGR

Name and Address: Principal Address:

BARADWAJ VENKATA SESA NIPPANI
8045 SUMMERIDE CIRCLE
JACKSONVILLE, FL 32256

ADDITIONAL: BARADWAJ VENKATA SESA NIPPANI
ADDRESS: 15977 HUTTON LANE
JACKSONVILLE, FL 32218

(Use attachment if necessary)

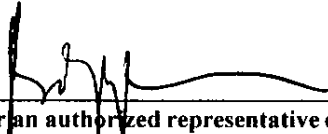
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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.

BARADWAJ VENKATA SESA NIPPANI
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)

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TALLAHASSEE, FLORIDA