

217000056859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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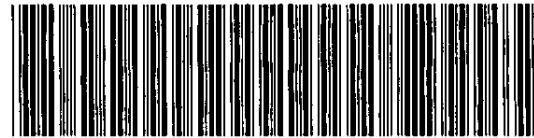
(Business Entity Name)

(Document Number)

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M. MOON
MAR 13 2017

17 MAR 13 PM 6:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Master Minds, 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:

Nicole S. Dandridge, Esq.

Name of Person

The Dandridge Firm, PLC

Firm/Company

717 NE 193 Terrace

Address

Miami, FL 33179

City/State and Zip Code

bernsmailbox@yahoo.com

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

For further information concerning this matter, please call:

Nicole Dandridge

Name of Person

at (305)

Area Code

4017638

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

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

17 MAR 12 PM 6:31



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2017

NICOLE S. DANDRIDGE, ESQ.
THE DANDRIDGE FIRM, PLC
717 NE 193 TERRACE
MIAMI, FL 33179

SUBJECT: MASTER MINDS, LLC
Ref. Number: W17000010439

We have received your document for MASTER MINDS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 117A00002310

REC-1

17 MAR 13 PM 1:11

17 MAR 13 PM 1:11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AParadigm 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:

Mailing Address:

1289 NW 56th Street
Miami, Florida 33142

1289 NW 56th Street
Miami, Florida 33142

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:

Bernise Thelusma

Name

1289 NW 56th Street

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

Miami

City

FL 33142

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..

Bernise Thelusma

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

Name and Address:

Bernise Thelusma

1289 NW 56th Street

Miami, Florida 33142

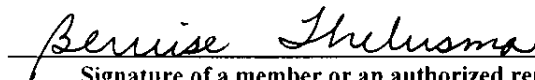
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Bernise Thelusma

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)