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Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 MANUAL TRESPRESORS



ORDER FORM

Florida Department of State

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

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

CONTRACTOR OF THE PROPERTY OF

850-656-7956

REQUEST DATE 1/24/2018

PRIORITY Routine turnaround

OUR REF # (Order ID#) 626717

ORDER ENTITY

Meaningful Aspirations LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

New LLC filing

NOTES:

\$125 authorized

EMAIL ADDRESS FOR ANNUAL REPORT REMINDERS: rsilverman@qhplaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Meaningful Aspirations LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
B 1 1 1000 111	** ***
Principal Office Address:	Mailing Address:
9045 Strada Stell Court	c/o Corporate Management Group II. LLC
Suite 500	1901 Avenue of the Stars, Suite 1100
Naples, FL 34109	Los Angeles, CA 90067
	
ARTICLE III - Registered Agent, Registered Office, & Reg	gistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis	tered 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	t are:
Incorporating Services, Ltc	1.

Name

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

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

1540 Glenway Drive

Tallahassee

City 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

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	Name and Address:
"MGR" = Manager AMBR	Parker J. Collier, Trustee of the Parker J. Collier Revocable Trust dated December 19, 1997, as amended
	9045 Strada Stell Court Suite 500 Naples, FL 34109
(Use attachment if necessary)	
the date of filing.)	pplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	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.

Rita Silverman, Authorized Representative of Member
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)

18 JAN 24 AM 7:51
SECRETARY OF STATE
FALL AMASSEE FLORIDA