

218000067926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

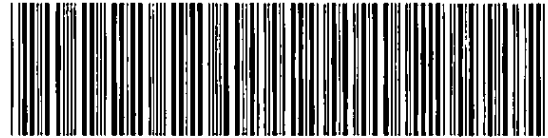
Office Use Only

M. MOON

JAN 25 2018

M. MOON

MAR 10 2018



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18 JAN 24 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

18 JAN 24 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

3500 S DuPont Highway  
Dover, DE 19901  
302.531.0855  
Fax: 302.531.3150  
www.IncServ.com

**incserv**

**ORDER FORM**

**TO** 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  
mstops@incserv.com  
850-656-7956

**REQUEST DATE** 1/24/2018

**PRIORITY** Routine turnaround

**OUR REF. # (Order ID#)** 626717

**ORDER ENTITY**

Meaningful Memory Banks LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

New LLC filing

**NOTE:**

\$125 authorized

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

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER I20050000052

Please bill the above referenced account for this order.

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

WY

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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 I - Name:

The name of the Limited Liability Company is:

Meaningful Memory Banks LLC

(Must contain 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:

9045 Strada Stell Court

Suite 500

Naples, FL 34109

Mailing Address:

c/o Corporate Management Group II, LLC

1901 Avenue of the Stars, Suite 1100

Los Angeles, CA 90067

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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

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

Tallahassee

FL

32301

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..*

Karen E Elliott

/Karen E. Elliott, Assistant Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

**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:**

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)

**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.

Rita Silverman, Authorized Representative of Member  
Typed or printed name of signer

**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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SECRETARY  
TALLAHASSEE



## FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR  
COMMISSIONER

March 19, 2018

Ms. Rita Silverman  
1901 Avenue of the Stars  
Suite 1100  
Los Angeles, CA 90067

Re: Meaningful Memory Banks LLC

Dear Ms. Silverman:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Meaningful Memory Banks LLC) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

A handwritten signature in black ink, appearing to read "JWS", is written over a horizontal line.

Jeremy W. Smith  
Director  
Division of Financial Institutions

JWS/trd

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations,  
Department of State

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TALLAHASSEE

## OFFICE OF FINANCIAL REGULATION

### CORPORATE NAME APPROVAL REQUEST

Pursuant to Section 655.922, Florida Statutes, no person other than a financial institution shall in this state transact business under any name or title that contains the words "bank," "banco", "banque", "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner.

A proposed corporate name should be definitive enough to differentiate the business to be conducted from that of a commercial bank, trust company, savings and loan association, savings bank, or credit union. For example, a mortgage-related business should use the word "mortgage" in its corporate name.

In order for OFR to consider your request for approval to use "bank," "banco", "banque", "banker," "banking," "trust company," "savings and loan association," "savings bank," or "credit union," or words of similar import, in any context or in any manner in your corporate title, and issue a no objection letter, please provide the following information:

- The corporate name proposed is: Meaningful Memory Banks LLC
- For Foreign Corporations: The alternate name (if necessary) is: \_\_\_\_\_

- The nature of the business to be transacted:  
The company plans to provide a soft-ware enabled platform to allow people to collect and archive meaningful memories for future retrieval and sharing with friends and family.

- The proposed business will be located at:  

9045 STRADA STELL CT STE 500	NAPLES	FL	34109	c/o Rita Silverman 310 557-8809
Street Address	City	State	Zip Code	Telephone

- List the principals involved in the proposed company:

Parker J Collier, Trustee of the PJC Revocable Trust	_____
_____	_____
_____	_____
_____	_____

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TALLAHASSEE

Contact Person:	Name	Address	Telephone
	Rita Silverman	1901 Avenue of the Stars, Suite 1100, Los Angeles, CA 90067	310-557-8809

Return to:

Director, Division of Financial Institutions  
Office of Financial Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-0371  
(850) 410-9800 (850) 410-9548 (fax)