

L18000010905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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18 MAR 21 PM 4:37
CLERK OF SUPERIOR COURT
STATE OF CALIFORNIA

N CULLIGAN

MAR 21 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: MindSpread Studios

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:

Alana Crumbley

Name of Person

Firm/Company

16717 Foothill Dr

Address

City/State and Zip Code
Tampa, FL 33624

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

For further information concerning this matter, please call:

Alana Crumbley 727 858-6681

Name of Person at () 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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2018

ALANA CRUMBLE
16717 FOOTHILL DRIVE
TAMPA, FL 33624

SUBJECT: MINDSPREAD STUDIOS LLC
Ref. Number: W18000023382

We have received your document for MINDSPREAD STUDIOS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 818A00004862

RECEIVED

2018 MAR 21 PM 12:36

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MindSpread Studios 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:

16717 Foothill Dr
Tampa, FL 33624

Mailing Address:

16717 Foothill Dr
Tampa, FL 33624

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:

Alana Crumbley

Name

16717 Foothill Dr

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

Tampa

FL

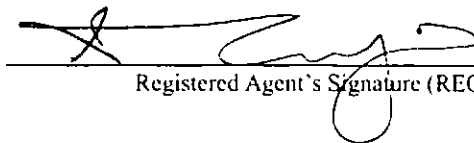
33624

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)

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MAR 21 2018
TAMPA, FL

18 MAR 21 PM 4:37

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Alana Crumbley

16717 Foothill Dr

Tampa, FL 33624

(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.

Alana Crumbley

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)

FILED
18 MAR 21 PM 4:37
TALLAHASSEE, FLA.
CLERK OF THE CIRCUIT COURT