

L18000108746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

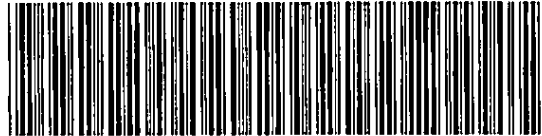
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/01/18--01022--015 **155.00

FILED
2018 MAY -1 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 07 2018

K. Brumley

ALANA CRUMBLEY

16717 Foothill Dr.

Tampa, FL 33624

727.858.6681

crumbleddesign@gmail.com

4/9/18
2

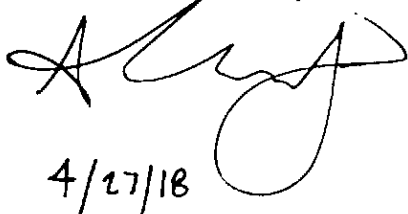
Florida Department of State
New Filing Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314
(850)245-6052

Dear Florida Department of State:

I am sending this form and a check of \$155 with the purpose of starting an LLC in the state of Florida. I look forward to hearing back.

Sincerely,

Alana Crumbley



4/27/18

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MINIMA HOMINEM 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:

ALANA CRUMBLEY
Name of Person

N/A
Firm/Company

16717 FOOTHILL DR
Address

TAMPA, FL 33624
City/State and Zip Code

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

For further information concerning this matter, please call:

ALANA CRUMBLEY at (727) 858-6681
Name of Person Area Code 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MINIMA HOMINEM 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:

Mailing Address:

16717 FOOTHILL DR.
TAMPA, FL 33629

16717 FOOTHILL DR.
TAMPA, FL 33629

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:

ALONA CRUMBLEY
Name

16717 FOOTHILL DR.
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FLORIDA 33629
City State Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY -1 AM 9:14

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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

AMBR

AMBR

AMBR

Name and Address:

ALANA CRUMBLEY
16717 FOOTHILL DR.
TAMPA, FL 33629

RYAN MVAR
16717 FOOTHILL DR.
TAMPA, FL 33629

NICOLE HOFFER
16717 FOOTHILL DR.
TAMPA, FL 33629

PETER COLON
16717 FOOTHILL DR.
TAMPA, FL 33629

(Use attachment if necessary)

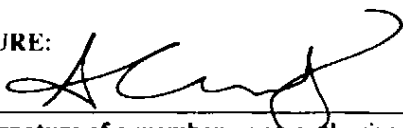
ARTICLE V: Effective date, if other than the date of filing: APRIL 30TH, 2018 (OPTIONAL.)

(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 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)