12/17/2018

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000356373 3)))



H180003563733ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA LIMITED LIABILITY CO. MYNDGAME PERFORMANCE LLC.

وير عليه المستجمع والمستجمع المستجمع المستجمع المستجمع المستجمع المستجمع المستجمع المستجمع المستجمع المستجمع ا	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

į

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCO MPANY

MYN	IDGAME Performance	LLC.			
(Must end with the words "Li	imited Liability Compa	ny, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	ipal office of the Limit	ed Liability Company is:	:		
Principal Office Address	;	Mailing A	<u>idress</u> :		
2100) San Simeon Way Apt#204		21001 San Simeon	Way Apt#204		
North Miami Beach, Florida 33179		North Miami Beaci	2. Florida 33179		
21001	stered agent are: <u>David McDaniel</u> Name San Simeon Way	Apt #204	AND STATE	7 AM 4: 4:	r T
	ddress (P.O. Box <u>NOT</u>	acceptable)			
	Beach Florida	33179			
City Having been named as registered agent and to accept the place designated in this certificate, I hereby accepanity. I further agree to comply with the provision my duties, and I am familiar with and accept the oblication. 605. F.S	pt the appointment as t ons of all statutes relation	registered agent and agr ng to the proper and con as registered agent as p	ee to act in this aplete performance	of	
	(CONTINUED)	ı			

Pagelof2

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	DAVID MCDANIEL RI		
	21001 SAN SIMEON WAY APT#204	<i>F</i> (65	
	NORTH MIAMI BEACH, FL 33179		
		一 海路 〇	
			577
		- 2	۳.
		15K	ا چانو
		野泉 📆	1 1
			-45
		ع جواسمة	4,000
		* y _ 5	
Tective date is listed, the date must be sp	e of filing: 01/01/2019 ecific and cannot be more than five business o	(OPTIONAL) days prior to or 90	days
LE V: Effective date, if other than the dat Nective date is listed, the date must be sp e date of filing.) If the date inserted in this block does not m	ecific and cannot be more than five business of ect the applicable statutory filing requirements,	days prior to or 90	
LE V: Effective date, if other than the dat factive date is listed, the date must be spe e date of filing.) If the date inserted in this block does not mument's effective date on the Department of	ecific and cannot be more than five business of ect the applicable statutory filing requirements,	days prior to or 90	
LE V: Effective date, if other than the dat Nective date is listed, the date must be sp e date of filing.)	ectific and cannot be more than five business of cet the applicable statutory filing requirements, of State's records.	days prior to or 90	
LE V: Effective date, if other than the dat factive date is listed, the date must be spe e date of filing.) If the date inserted in this block does not mument's effective date on the Department of	ecific and cannot be more than five business of ect the applicable statutory filing requirements,	days prior to or 90	
LE V: Effective date, if other than the date fective date is listed, the date must be speedate of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business of cet the applicable statutory filing requirements, of State's records. The bound of the control of the contr	this date will not be	
LE V: Effective date, if other than the dat Tective date is listed, the date must be speedate of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut	ecific and cannot be more than five business of cet the applicable statutory filing requirements, if State's records. The bound of the control of the contr	this date will not be this date will not be this date.	
LE V: Effective date, if other than the dat Tective date is listed, the date must be speedate of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business of cet the applicable statutory filing requirements, of State's records. The bound of the control of the contr	this date will not be this date will not be this date.	
LE V: Effective date, if other than the dat Tective date is listed, the date must be speedate of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a meed in accordance with section 605.0203 (1) (b), information submitted in a document to the Degree felony as provided for in s.817.155, F.S. David McDaniel III	this date will not be this date will not be this date.	
LE V: Effective date, if other than the dat Tective date is listed, the date must be speedate of filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a me ed in accordance with section 605.0203 (1) (b), information submitted in a document to the Depter of the provided for in s.817.155, F.S.	this date will not be this date will not be this date.	