

L21000023049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

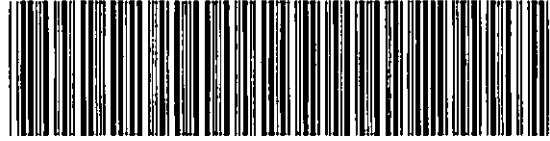
(Document Number)

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FILED
2021 JAN -5 PM 3:22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Mental Hygiene Project, LLC
Name of Limited Liability Company

2021 JAN -5 PM 3:22

FILED

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael L. Stahl

Name of Person

The Mental Hygiene Project, LLC

Firm/Company

10430 Big Tree Court

Address

Orlando, Florida 32836

City/State and Zip Code

michael@michaelstahl.com

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

For further information concerning this matter, please call:

Michael L. Stahl 407 407-375-8271
at ()
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)

Already sent check for \$160.00 ms

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Mental Hygiene Project, 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:

10430 Big Tree Court
Orlando, Florida 32836

Mailing Address:

10430 Big Tree Court
Orlando, Florida 32836

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:

Michael L. Stahl

Name

10430 Big Tree Court

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

Orlando

Florida

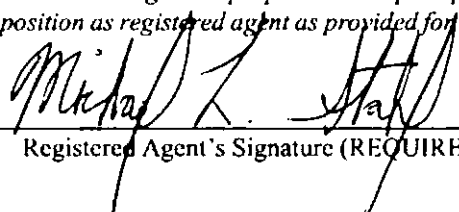
32836

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Michael L. Stahl
10430 Big Tree Court
Orlando, Florida 32836

MGR

Ryan S. Gallik
1305 Morgan Stanley Avenue #526
Orlando, Florida 32789

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Use 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.

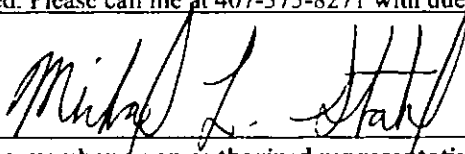
ARTICLE VI: Other provisions, if any.

I already sent you a check for \$160.00 and this new form is in response to Letter Number - 320A00025808.

Evidently you could not have a registered trademark symbol in the name of the LLC. I have fixed that on this document.

A conv of the letter you sent to me is included. Please call me at 407-375-8271 with questions so we can get this done.

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.

Michael L. Stahl

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)