

# L22000125740

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC  
Account Number : 120200000016  
Phone : (954)903-4036  
Fax Number : (954)246-0340

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

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## FLORIDA LIMITED LIABILITY CO. MIMBRANDS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: MIMBRANDS 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:

EDISON RODRIGUEZ

Name of Person

MIMBRANDS LLC

Firm/Company

2472 SWEET VIBURNUM WAY

Address

OCOE FL 34761

City/State and Zip Code

NATHALY.CUARTAS@TAXCAREINC.COM

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

For further information concerning this matter, please call:

NATHALY CUARTAS

954

9034036

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)

**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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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## ARTICLE I - Name:

The name of the Limited Liability Company is:

MIMBRANDS 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:2472 SWEET VIBURNUM WAY  
OCOE FL 34761Mailing Address:2472 SWEET VIBURNUM WAY  
OCOE FL 34761

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

TAX CARE PEMBROKE PINES

Name

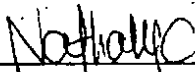
12555 ORANGE DR STE 265Florida street address (P.O. Box **NOT** acceptable)DAVIEFL33330

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 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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**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:**AMBREDISON RODRIGUEZ  
2472 SWEET VIBURNUM WAY  
OCOEEE FL 34761

(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.ANY AND ALL LAWFULL BUSINESS**REQUIRED SIGNATURE:**P/ Edison Rodriguez

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.EDISON RODRIGUEZ

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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