

L22 000294838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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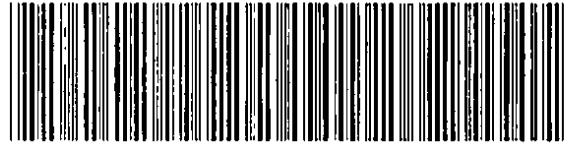
(Business Entity Name)

(Document Number)

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[Handwritten signature]



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 06/30/2022

Name: Marcel Ogbonna-Amu

Reference #: 1721989

Entity Name: MYNDFULL CARE, LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
☐ Amendment
☐ Change of Agent
☐ Reinstatement
☐ Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
☒ Other CERTIFIED COPY OF THE FILING

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ANY ISSUES, CALL
MARCEL:
(518) 213-0826
Thank you!

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Authorized Amount: \$155.00

Signature: Marcel Ogbonna-Amu

COVER LETTER

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

SUBJECT: MyndFull Care, 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:

Patrick Davoodi

Name of Person

Hooper, Lundy & Bookman, P.C.

Firm/Company

1875 Century Park East, Suite 1600

Address

Los Angeles, CA 90067

City/State and Zip Code

corey@myndfullcare.com

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

For further information concerning this matter, please call:

Patrick Davoodi

626

372-1216

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MyndFull Care, 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:

1804 Madera Canyon Place

Las Vegas, NV 89128

Mailing Address:

1804 Madera Canyon Place

Las Vegas, NV 89128

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:

Cogency Global Inc.

Name

115 North Calhoun Street, Suite 4

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

Tallahassee

FL

32301

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.,



Joe Morris, Assistant Secretary of Cogency Global Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JUL 1 2022

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:

AMBR

MyndFull Care Holdings, LLC
1309 Coffeen Avenue, Suite 120
Sheridan, WY 82801

(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:

DocuSigned by:

Patrick Davoodi

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.

Patrick Davoodi

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)

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JULIA K. HARRIS, CLERK