

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ

Account Number : I20220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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. DIY MINDSET CONSULTING LLC

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Electronic Filing

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COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	r. DIY MINDSET CONSULTIN	NG LLC
300000	Name of Limited Liability	Company
The enclos	sed Articles of Organization and fee(s) are submitted for	filing.
Please retu	urn all correspondence concerning this matter to the follo	owing:
	MARIA XIMENA M	ARTINEZ
	Name of Per	rson
	MODERN SOLUTION	NS GROUP
	Firm/Comp	any
	2424 W. BRANDON	BLVD #1282
	Address	
	BRANDON, FL	33511
	City/State and Z INFO@MODERNSOLUTIONS	
	E-mail address: (to be used for future annu	
For further i	information concerning this matter, please call;	
	MARIA XIMENA MARTINEZ at (571-4129
		Daytime Telephone Number
Enclosed is	s a check for the following amount:	
≡ \$125.00	O Filing Fee S130.00 Filing Fee & S155.00 Certificate of Status Certified Cadditional c	
	New Filing Section New Division of Corporations The P.O. Box 6327 241	eet Address w Filing Section Division c Centre of Tallahassee 15 N. Monroe Street, Suite 810 lahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DIY MINDSET	CONSULTING L	LC	
(Must co	ntain the words "Limited L	iability Company.	. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	tice of the Limited	I Liability Company is:	
Princi	ipal Office Address:		Mailing Address:	
733 W COI	ONIAL DR		733 W COLONIAL DR	
ORLANDO), FL 32804		ORLANDO, FL 32804	
he Limited Liability Compart tother business entity with a	n active Florida registration at address of the registered	Registered Agent.	nt's Signature: You must designate an individual o	T
The Limited Liability Compar nother business entity with a	ny cannot serve as its own Is active Florida registration at address of the registered KEN	Registered Agent. agent are: VIN VISSER Name COLONIAL DR	You must designate an individual o) T
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	ny cannot serve as its own by active Florida registration at address of the registered	Registered Agent. i.) agent are: /IN VISSER		,
(The Limited Liability Comparanother business entity with an The name and the Florida street aving been named as registered ace designated in this certificat	ry cannot serve as its own Is active Florida registration et address of the registered (KEN 733 W C) Florida street address ORLANDO City diagent and to accept service I hereby accept the appoint	Registered Agent. agent are: PIN VISSER Name OLONIAL DR (P.O. Box NOT a FL State e of process for the intiment as register	You must designate an individual o	any oacii

(CONTINUED)

23 JAN 17 FHI2: 35

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authori	*** * * * * * * * * * * * * * * * * * *		
"MGR" = Manager	r		
MGR	KEVIN VISSER		
	733 W COLONIAL DR		
	ORLANDO, FL 32504		
			
 			
			-
			
/171	,		
ffective date is listed, of filing.) If the date inserted in	this block does not meet the applicable statutory filing requirements, this te on the Department of State's records	rrior to o	,
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