

L24000003048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

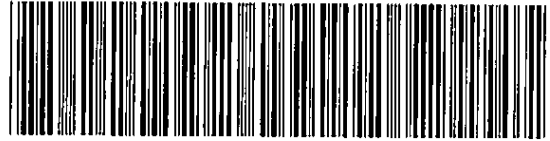
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SE
TALLAHASSEE, FLORIDA

3301-3



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

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 02/28/2024

Name: Patrice Rush

Reference #: 2277379

Entity Name: MINDGLOW HEALTH LLC

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$125.00

Signature: 



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Signature: 

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2024 FEB 28 PM 12:21
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MindGlow Health 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:

515 S. Federal Highway
Deerfield Beach, FL 33441

Mailing Address:

515 S. Federal Highway
Deerfield Beach, FL 33441

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

Florida

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.

Sheryl Gibbs

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2024 FEB 28 PM 12
SHERYL GIBBS
REGISTERED AGENT

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MBR

MGH Holdings LLC

515 S. Federal Highway

Deerfield Beach, FL 33441

(Use attachment if necessary)

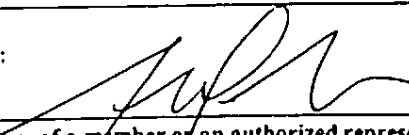
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Sherief Moustafa, Authorized Representative

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)

STATE OF FLORIDA
DEPARTMENT OF STATE

2024 FEB 28 PM 12:26

FILED

MIND GLOW HEALTH INC.

**530 S. Federal Hwy
Deerfield Beach, FL 33441
(954) 880-2595**

CONSENT TO USE OF NAME

Mind Glow Health Inc., a Florida Corporation formed under the laws of the State of Florida hereby consents in writing to the use for all purposes of the following name, to be used by a Limited Liability Company to be formed in the State of Florida:

MINDGLOW HEALTH LLC

IN WITNESS WHEREOF, the undersigned has caused this consent to be executed this 22nd day of February, 2024.

MIND GLOW HEALTH INC.

By: _____

Name: Sherief Moustafa

Title: President

530 S. Federal Hwy
Deerfield Beach, FL 33441
(954) 880-2595

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