

L24000329215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

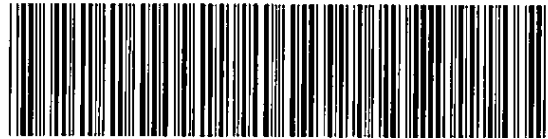
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

03/20/24

W23000166785

Office Use Only



700420164887

S. CHATHAM
JUL 30 2024

12/11/23--01034--011 **125.00

CABLE AND/OR VIDEO
FILING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAR 20 PM 2:04

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2023

OLOF TENGHOFF
711 TERRACE BOULEVARD
ORLANDO, FL 32803 US

SUBJECT: ELECTRIC MINDS LLC
Ref. Number: W23000166785

We have received your document for ELECTRIC MINDS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P19000074789 ACT ELECTRIC MIND INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Rickey L Richardson
Regulatory Specialist II

Letter Number: 023A00028603

Dear Mr. Richardson,
Attached returned document with
updated name.

Sincerely,

Olof

COVER LETTER

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

Electric Minds LLC

SUBJECT: _____
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:

Olof TENGHOFF

Name of Person

Firm/Company

711 Terrace Blvd

Address

Orlando FL 32803

City/State and Zip Code

olofte9@gmail.com

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

For further information concerning this matter, please call:

Olof TENGHOFF at (**646**) **651 7486**
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Electric Minds Innovation 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:

711 Terrace Blvd

Orlando FL 32803

Mailing Address:

711 Terrace Blvd

Orlando FL 32803

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:

Olof Tenghoff

Name

711 Terrace Blvd

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

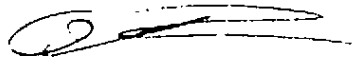
Orlando FL 32803

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 that 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)

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FALLAHSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

711 Terrace Blvd

Orlando FL 32803

Olof

Tenghoff

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CABLE AND/OR NICKEL
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

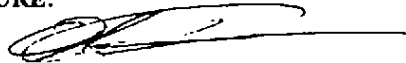
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Olof

Tenghoff

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)