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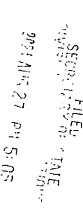
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## **COVER LETTER**

	ivision of Co				
SUBJECT	Mind2Mir	id2LLC			
SOBJECT	·	Name	of Limited Liab	oility Company	
The enclos	sed Articles of	Organization and fee	e(s) are submitte	ed for filing.	
Please retu	ırn all correspo	ondence concerning t	his matter to the	e following:	
	Carolyn R I	eavitt			
		_	Name	of Person	
	Carolyn R I	eavitt			
		<del></del>	Firm/C	Company	
	6705 SW 57	th Ave STE 611			
		_	Ad	dress	
	South Miam	i, Florida 33143			
	cleavittmd@t	hemindmatters.org	City/State a	and Zip Code	
		_ <del>_</del>	used for future	annual report notificati	on)
For further i	nformation co	ncerning this matter,	please call:		
	Carolyn Lea		305 at (	799-4511	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed is	s a check for th	ne following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing I Certificate of State	us / Certi	55.00 Filing Fee & fied Copy (mal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address	_	Street Address	
		iling Section on Of Corporations		New Filing Section Di The Centre of Tallaha	vision
		ox 6327		2415 N. Monroe Stree	.,
		assee, FL 32314		Tallahassee, FL 3230.	3

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

"AMBR" = Authoriz "MGR" = Manager	zea wiember	
(A)(A)(A)(A) = AAAAAAAAA		
MON - Manager		
MGR		Carolyn R Leavitt
		5000 NW 93rd Doral Place
		Doral, Florida 33178
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	<del></del>	
Use attachment if no	ecessary)	
		of filing: (OPTIONAL)
	on the Department o	of State's records.
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# COVER LETTER

TO: N	New Filing Section Division of Corporations				
SUBJECT	Mind2Mind2LLC				
		of Limited Liab	ility Company	<del></del>	
The enclos	sed Articles of Organization and fee	(s) are submitte	d for filing.		
	rn all correspondence concerning th				
	Carolyn R Leavitt				
		Name o	f Person		
	Carolyn R Leavitt				
		Firm/Co	ompany		
	6705 SW 57th Ave STE 611				
		Add	ress		
	South Miami, Florida 33143				
	cleavittmd@themindmatters.org	City/State ar	d Zip Code		
_	E-mail address: (to be	used for future a	annual report notification	on)	
For further in	formation concerning this matter, p	lease call:			
	Carolyn Leavitt	305	799-4511		
•	Name of Person		Daytime Telephone	Number	
Enclosed is	a check for the following amount:				
□\$125.00	Filing Fee	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	:d)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see 🔭	JIVIO A TON AT

## ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Carolyn R Leavitt		
	5060 NW 93rd Doral Place		
	Doral, Florida 33178		
<del></del>			
(Use attachment if necessary)			
he date of filing.)	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to	or 90 da	
he date of filing.)  Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this described	or 90 da	
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