## L2400412705

	(Requestor's Name)
	(Address)
-	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<del> </del>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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2024 SEP 30 NH 9: 47

## COVER LETTER

	ew Filing Section vision of Corporations	
SUBJECT:	My Steady Mind LLC	
JOBJECT.	Name of Limited Liability Company	<del></del>
The enclose	ed Articles of Organization and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning this matter to the following:	
	Seth Hickerson	
	Name of Person	<del></del>
	My Stady Mind LLC	
	Firm/Company	
	1016 Steven Patricle Ave	2024 S
	Address	Ť
	Indian Harbor Beach, PL 329	37 5 7 6
	City/State and Zip Code	2024 SEP 30 MM 9:
_	E-mail address: (to be used for future annual report notification)	THE ST
For further in	formation concerning this matter, please call:	
	Selh Hickerson at (204), 955-9582	
-	Name of Person Area Code Daytime Telephone Num	ber
Enclosed is	a check for the following amount:	
<b>☑\$</b> 125.00	Filing Fee	\$160.00 Filing Fee,
	Certificate of Status Certified Copy Co (additional copy is enclosed) Ce	crtificate of Status & crtificate Copy itional copy is enclosed)
	(auu	onar copy is enclosedy
	Mailing Address Street Address	
	New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
My Steady Mino 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: Mailing Address:
1016 Steven Parnick Aug 1016 Steven Patrick Aug
Indian Harbum Beach Indian Hurbum Beach FL 32937 FL 32937
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:  Seth Hickerson  Name
Into Stem Patrick And
Trainer amountaines (Trainers and Indian
Florida street address (P.O. Box NOT acceptable)  Indian Harbern Brack FL 32937  City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the clace 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
Registered Agent's Signature (REQUIRED)

(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (OPTIONAL)  (O	Title:	Name and Address:	
(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (OPTIONAL)  (O	"AMBR" = Authorized Member "MGP" = Manager		
(Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days offer date of filing.)  Example 1. The second of filing is the second of filing requirements, this date will not be listed as educument's effective date on the Department of State's records.  TICLE VI: Other provisions, if any.  Signature of a metabor of an action of State of the second of State of the second of State of St	A.u.B.D	SOTH HICKERSON	
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