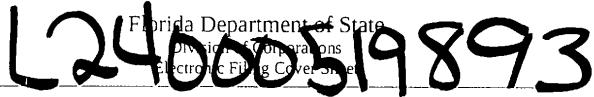
Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Ent	er	the	email	address	for	this	business	entity	to	Ьę	used	for	future
	anı	nual	repor	t mailin	as.	Enter	only one	email	add	res	s ble	ase.	**

Email	Address:		 	 	 

## FLORIDA LIMITED LIABILITY CO. MIND SCAPERS LLC

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Certificate of Status	0
Certified Copy	0
Page Count	03
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

MIND SCAPERS 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:

Princi	nal O	ffice	Add	ress:

Mailing Address:

į

3833 Powerline Road

3833 Powerline Road

Suite 201

Suite 201

Fort Lauderdale Florida 33309

Fort Lauderdale Florida 33309

## 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:

Northwest I	Registered	Agent	LLC
-------------	------------	-------	-----

Name

7901 4th St N

STE 300

Zip

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

FL

St. Petersburg

33702

City

State

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

SECRETARY OF STATE,

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

"AMBR" = Authorized Member "MGR" = Manager  AMBR  Weber, Markus Christian 3833 Powerline Road Suite 201  Fort Lauderdale Eloida 33309  (Use attachment if necessary)  ETICLE V: Effective date, if other than the date of filing:	Title:	Name and Address:	
Weber, Markus Christian 3833 Powerline Road Suite 201  Fort Lauderdale Elorida 33309  (Use attachment if necessary)  ETICLE V: Effective date, if other than the date of filmg:			
(Use attachment if necessary)  ETICLE V: Effective date, if other than the date of filing:	•		
(Use attachment if necessary)  ETICLE 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 a date of filing.)  ante: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list e document's effective date on the Department of State's records.  ETICLE 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.  Nat Smith  Typed or printed name of signee	AWRK		
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		Nat Smith	
Filing Fees:  Filing Fees:  Filing Fees:		Typed or printed name of signee	
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		Filing Fage:	
	\$125.00 Filing	Fee for Articles of Organization and Designation of Registered Agent	

- \$ 5.00 Certificate of Status (Optional)

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