H25000297968 3

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(((H25000297968 3)))



H250002979683ABCF

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LIESER SKAFF, PLLC

Account Number : I20150000057

Phone : (813)280-1256 Fax Number : (813)251-8715

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

meaganmitchell1@gmail.com Email Address:____

FLORIDA LIMITED LIABILITY CO.

Her Mindset, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

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		C	OVER LET	TTER		<i>‡</i>	•
	iew Filing Sec Division of Cor						•
SUBJECT	Her Mindso	et, LLC					
SUBJECT	ı: <u>-</u>	Name of I	Limited Liab	ility Company		-	
The enclos	sed Articles of	Organization and fee(s)	are submitte	ed for filing.			
Please retu	ırn all correspo	ondence concerning this	matter to the	e following:			
	Ghada Skaff						
			Name o	of Person	- ·		
	Lieser Skaff,	PLLC					
			Firm/C	Company			
	403 N. Howa	ard Ave.					
			Ado	dress			
	Tampa, FL 3	3606					
	mananmitaha	ell1@gmail.com	City/State a	and Zip Code	- <u></u>		_
			cd for future	annual report notificatio	n)		
For further i		ncerning this matter, plea		·	•		
	Ghada Skaff,		813	280-1256			
	Name	at (Area Code	Daytime Telephone	Number	-	
Enclosed i	s a check for th	ie following amount:					
	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Certificate Certified C (additional c	of State Copy	is &
	New Fi Divisio P.O. Bo	g Address ling Section in of Corporations ox 6327 issee, FL 32314		Street Address New Filing Section Div The Centre of Tallahas: 2415 N. Monroe Street Tallahassee, FL 32303	see	:7:	2025 AUG 25 AU 1: 26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Her Mindset, LLO	··	
		ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
		F.3 1 C C 1 T C 1 C C C C C C C C C C C C C
The mailing address and stree	et address of the principal office	of the Limited Liability Company is:
	et address of the principal office cipal Office Address:	of the Limited Liability Company is: Mailing Address:
<u>Prin</u>		, ,

The name and the Florida street address of the registered agent are:

Lieser Skaff, PLLC		
	Name	
403 N. Howard Ave		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Tampa	FL	33606
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To:

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<mark>l`itle:</mark> 'AMBR" = Authorized Mer 'MGR" = Manager	Name and Address:
AMBR	Meagan Mitchell 300 South Hyde Park Ave., Suite #120 Tampa, Fl., 33606
	
Use attachment if necessary	·)
ctive date is listed, the date Ffiling.) he date inserted in this bloc	than the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 k does not meet the applicable statutory filing requirements, this date will no
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