# M08000003222

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

Office Use Only



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OR JUL -9 PM 3: 3
SECRETARY OF STATE
ALLAMASSEE FLORINA

T. HAMPTON

JUL 1 4 2008

**EXAMINER** 

| TO: Registration Section Division of Corporations  |                          |  |  |
|--|--------------------------|--|--|
| SUBJECT:   | io Woi                   | RKS  |  |
|  | (Name of Limited         | Liability Company)                                 | 1  |
| The enclosed "Application by For Florida," Certificate of Existence, liability company to transact busin | and check are submi      | · · ·  | •  |
| Please return all correspondence of  | oncerning this matte     | er to the following:                               |  |
|  | STEPHANI<br>(Name)       | E GARNES  of Person)                               | ή  |
|  | MIND V                   | Volvs  |  |
|  | (Firm/C                  | Company)   |  |
| 7  | O Box                    | 500007<br>Idress)                                  | The state of the s |
|  | (Ad                      | ldress)  |  |
| M  | ARATHON<br>(City/State a | V, FL 33050<br>and Zip Code)                       | <u>&gt;</u>  |
|  | , ,                      | • ,  |  |
| For further information concerning   | g this matter, please    | cail:  | To a second seco |
| STEPHANLE G<br>(Name of P  | PRUSON a                 | t ( <u>305)</u> 747-<br>(Area Code & Daytime Telep | 6874<br>hone Number)   |
| MAILING ADDRESS:   |                          | FREET ADDRESS:                                     | :  |
| Division of Corporations   |                          | ivision of Corporations                            | · · · · · · · · · · · · · · · · · · ·  |
| P.O. Box 6327  | Cl                       | lifton Building                                    | The quantum date of the control of t |
| Tallahassee, FL 32314  |                          | 661 Executive Center Circle allahassee, FL 32301   |  |
| Enclosed is a check for the follow \$125.00 Filing Fee \$125.00  |                          |  | O Filing Fee, Certificate  |

COVER LETTER



March 21, 2008

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Registration of Foreign LLC

To Whom It May Concern:

Please find enclosed the documentation to register Mind Works, LLC as a Florida limited liability company. Mind Works is a Delware company. We are moving the main office to Marathon, FL. I have included a completed Application by Foreign Limited Liability Company, a completed Written Consent to Adopt Alternate Name for Use in the State of FL, and a copy of fictitious name registration payment.

I have already contacted CT Corporation of the change of address (the documentation is enclosed). They have been my registered agent since the inception of Mind Works. Enclosed is a completed company of the Certificate of Designation of Registered Agent/Registered Office.

If you have any questions please contact me at 305.747.6874.

Sincerely,

Stephanie Garrison Managing Partner

Mind Works, LLC



DEORIVED

09 JUL -9 AM 10: 33

TAIL TO THE

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2008

STEPHANIE GARRISON P O BOX 500007 MARATHON, FL 33050

SUBJECT: MIND WORKS OF MARATHON, LLC

Ref. Number: W08000016519

We have received your document for MIND WORKS OF MARATHON, 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):

You failed to make the correction(s) requested in our previous letter.

DO NOT SEND ANY MORE MONEY YOU HAVE ALREADY PAID TWICE. PLEASE CALL TO INQUIRE ABOUT A REFUND ON THE SECOND PAYMENT.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 208A00018860



RECEIVED

08 MAY 14 AM 10: 26

SECRETALL OF STATE TALLAHASSEE, FLORIDA

March 25, 2008

STEPHANIE GARRISON P O BOX 500007 MARATHON, FL 33050

SUBJECT: MIND WORKS OF MARATHON, LLC

Ref. Number: W08000015428

We have received your document for MIND WORKS OF MARATHON, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 608A00017739

### WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing  |     |
|--|-----|
| Members of MIND WOLKS  |     |
| (Name of Limited Liability Company)  |     |
| a limited liability company duly organized and existing under the laws of  |     |
| <u>Delaware</u>  |     |
| (State or Country of Organization)   |     |
| Because the name of this foreign limited liability company does not satisfy the  |     |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the  |     |
| following name to transact business in the state of Florida:   |     |
| MIND WORKS OF MARATHON, EL   | )نـ |
| (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) |     |
| Date: 3/19/68  |     |
| Signature(s) of Manager(s) and/or Managing Member(s):  |     |
| Chabot K Carry Elizabeth M. Carey  |     |
|  |     |
| Stephanie Garaison   | J   |
| Stephanie Garajson   | J   |
| Stephanie Garaison   | J   |
| Stephanie Gareroison   |     |
| Stephanie Gareroison   | J   |
| Stephanie Gare Bison   | J   |

CR2E122 (7/07)

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN<br>LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  |
|---|
| 1. MIND WORK LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")  |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability  |
| Company," "L.L.C.," "LLC.")   |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 30-5256847  (FEI number, if applicable)  |
| 4.     OB   5.   PURPLY UAL   (Duration: Year limited liability company will cease to exist or "perpetual")   |
| 6   |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)   |
| 7. 1115 Sombrero Boulevaer #301   |
| MARATHON FL 33080 (Street Address of Principal Office)  |
| 8. If limited liability company is a manager-managed company, check here  |
| 9. The name and usual business addresses of the managing members or managers are as follows:  |
| STEPHANIE GARRISON 1115 Sombrero RIVI #301 MARATHON   |
| Rotty Caper 9208 Falls Prince (ANE POTOMOR MOSSO)   |
| Betty Carey 9308 Falls BRIDGE LANG POTOMAC, MD360, 2085   |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: PNY OND  |
| all lawful business.  |
| Sashmil Annin Elle  |
| Signature of a member or an authorized representative of a member.  |
| (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  |
| STEPHANIE (TARRISON 55 = 0  |
| Typed or printed name of signee   |

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is:  | }  |
|---|--|
| MIND WORKS, LLC   |  |
| If name unavailable, the alternate name to be used in the state of Florida is:  MIND WOLKS OF MARATE  | ion, FC, LCC   |
| 2. The name and the Florida street address of the registered agent and office   | are:   |
| CT COPOLATION (Name)  |  |
| 1200 SOUTH PINK IS LOU<br>Florida Street Address (P.O. Box NOT ACCEPTABLE)  | nd RD  |
| Plantation FL 33324   |  |
| Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the agent and agree to act in this capacity. I further agree to comply with the proverelating to the proper and complete performance of my duties, and I am familia obligations of my position as registered agent as provided for in Chapter 608, it | appointment as registered<br>isions of all statutes<br>r with and accept the |
| BARBARA BURKE   | 1.00   |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Ag \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)  |  |

## Delaware

PAGE 1

#### . The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIND WORKS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MAY, A.D. 2008.

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080455615

TAY'S OF THE PARTY OF THE PARTY

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6568227

DATE: 05-05-08

You may verify this certificate online at corp.delaware.gov/authver.shtml