

# N24000000575

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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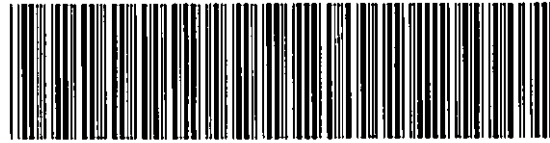
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: MINDS OVER MATTER, LLC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11635 Waterbend Ct.

Wellington, Florida 33414

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Minds Over Matter, LLC is an organization dedicated to educating and enhancing the mental health of our youth. This organization would provide students with a safe space to discuss mental health issues, find coping mechanisms, and make new connections. Through community outreach, Minds Over Matter, LLC will generate different instantiations in a club or group format. Theses groups will be student led, granting students the opportunity to not only gain leadership experience but also become trailblazers leading the way to educating their peers and academic community in the field of mental health. According to a research study by Elizabeth Gaylor, suicide is one of the leading causes of death.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Elect at Annual Mtg

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sarah Roldan, Co-President

Address: 11635 Waterbend Ct.  
Wellington, FL 33414

Name and Title: Lainie Roldan, Secretary

Address: 11635 Waterbend Ct.  
Wellington, FL 33414

Name and Title: Robert Roldan, Treasurer

Address: 11635 Waterbend Ct.  
Wellington, FL 33414

Name and Title: Layla Ashry, Co-President

Address: 11684 NW 69th Place  
Parkland, FL 33076

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert Roldan  
Address: 11635 Waterbend Ct.  
Wellington, FL 33414

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Robert Roldan  
Address: 11635 Waterbend Ct.  
Wellington, FL 33414

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent and accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

1/1/25  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

1/1/25  
Date

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DEPARTMENT OF STATE