1160000084642

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	··· · · · · · · · · · · · · · · · · ·

Office Use Only



500285175925

05/04/16--01008--001 **115.00

05/04/16--01008--002 **10.00

16 HAY - 4 AM 8: 37

16 MAY -4 AM 8:5
SECRETARY OF STATE

MAY 0 4 2016 T SCHROEDER

COVER LETTER

Division of Corporations		
SUBJECT: Charmologe Dis Milled Liability Company Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Violeta Milera		
Name of Person		
Firm/Company		
1319 Airport drive Unit FG		
Address		
Tallahafite Fl 32304		
Vom II My flu Pau		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
VIOleta MICCA 1293852		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)		
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION Of

Champione by Mileva, LLC.

Pursuant to the Limited Liability Company Act of the state of Florida, the undersigned adopt the following articles of organization.

ARTICLE I.

NAME. The name of the limited liability company is Champione by Mileva, LLC.

ARTICLE II.

DESIGNATED OFFICE. The mailing and street address of the principal office of the limited liability company is 1319 Airport Dr. Unit F6, Tallahassee, Florida 32304.

ARTICLE III.

AGENT FOR SERVICE OF PROCESS. The name of the initial agent for service of process of the limited liability company is Violeta Mileva, whose street address is 1319 Airport Dr. Unit F6, Tallahassee, Florida 32304.

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' Signature

ARTICLE IV.

ORGANIZERS. The name, title, and address of each of the organizers of the limited liability company are

Violeta Mileva, AMBR

1319 Airport Dr. Unit F6 Tallahassee, Florida 32304

ARTICLE V.

TERM. The limited liability company is not organized for a specific term and will remain in existence until terminated under the terms of its operating agreement or the Limited Liability Company Act of the state of Florida.

ARTICLE VI.

MANAGEMENT. The limited liability company will be managed by its members.

ARTICLE V.

MEMBER LIABILITY. None of the members of the limited liability company will be responsible for its debts and obligations.

REQUIRED SIGNATURE:

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.

Violeta Mileva

S MAY -4 AM 8:51