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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION  
02 AUG -6 AM 9:00  
02 AUG -6 PM 4:49

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LIMITED LIABILITY COMPANY

MIJUL, L.L.C.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I:**

The name of the Limited Liability Company is:

**MIJUL, L. L.C.**

**ARTICLE II-ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**7370 WEST 20<sup>TH</sup> AVENUE  
# 141  
HIALEAH, FL 33016**

**ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**JOHN SANCHEZ**

Name

**7370 WEST 20<sup>TH</sup> AVENUE, # 141**

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

**HIALEAH, FL 33016**

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 508, F.S.



Registered Agent's Signature

02 AUG -6 AM 9:00  
STATE  
ALLAHOE  
FLORIDA

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**ARTICLE IV-Management (Check box if applicable)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JOHN SANCHEZ**

Typed or printed name of signee

**ARTICLE V - Managing Members**

John Sanchez  
7370 West 20<sup>th</sup> Avenue  
# 141  
Hialeah, FL 33016

  
Signature

FILED  
02 AUG -5 PM 9:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA