755-02827-92943 (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) ☐ WAIT PICK-UP MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_ Special Instructions to Filing Officer:

Office Use Only

Hour How



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06/24/04--01081--021 \*\*25.00

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## TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations
	Division of Corporations
SUBJE	CCT: Nily Interiors LLC
	(Name of Limited Liability Company)
The enc	closed Articles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	Nily Milton-Diaz
	(Name of Person)
	NP 1 (a.d
	Nily Interiors (Firm/Company)
	(Tam Company)
3	3711 SW 27 Street
-	(Address)
	Miami, Florida 33134
	(City/State and Zip Code)
For furt	ther information concerning this matter, please call:
NCC - 5-41	905 444 9296
INITY IVI	ilton-Diaz or Maria Vico at (305) 444-8326  (Name of Person) (Area Code & Daytime Telephone Number)
	(Maine of Person) (Area Code & Daytine Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 11, 2004

NILY MILTON-DIAZ NILY INTERIORS LLC 3711 SW 27 STREET MIAMI, FL 33134

SUBJECT: NILY INTERIORS LLC Ref. Number: W04000022684

We have received your document for NILY INTERIORS LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 704A00039675

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5 191 D 4	1		
Nily Interiors LL			
ARTICLE II - A The mailing addre		f the principal office of the Limited Liability Con	npany is
Principal Office	Address:	Mailing Address:	
3711 SW 27 Street		3711 SW 27 Street	
Miami, Florida 3313	34	Miami, Florida 33134	
ARTICLE III - I	Registered Agent. Reg	istered Office, & Registered Agent's Signature	):
		of the registered agent are:	
			1.0
	Maria Vico	Nama	
	Maria Vico	Name	04 JUN 23
	3711 SW 27 Street		04 JIT 23 F
	3711 SW 27 Street	Name ress (P.O. Box <u>NOT</u> acceptable)	04 JUN 23 FN 3
	3711 SW 27 Street Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	<u>ु</u> .9
	3711 SW 27 Street Florida street add	ress (P.O. Box <u>NOT</u> acceptable)  FLORIDA 33134	<u>्</u> य
	3711 SW 27 Street Florida street add Miami City	ress (P.O. Box <u>NOT</u> acceptable)  FLORIDA 33134  , State, and Zip	(S)   (S)
mpany at the place desig	3711 SW 27 Street Florida street add Miami City gistered agent and to accompated in this certificate	ress (P.O. Box <u>NOT</u> acceptable)  FLORIDA 33134  The service of process for the above stated limited lines, I hereby accept the appointment as registered age	iability
mpany at the place desig ee to act in this capacity d complete performance	3711 SW 27 Street Florida street add  Miami City sistered agent and to acceptated in this certificate To I further agree to come of my duties, and I am	ress (P.O. Box <u>NOT</u> acceptable)  FLORIDA 33134  , State, and Zip  rept service of process for the above stated limited legistering, I hereby accept the appointment as registered age ply with the provisions of all statutes relating to the familiar with and accept the obligations of my positions.	iability ent and
mpany at the place desig ee to act in this capacity d complete performance	3711 SW 27 Street Florida street add  Miami City sistered agent and to acceptated in this certificate To I further agree to come of my duties, and I am	ress (P.O. Box <u>NOT</u> acceptable)  FLORIDA 33134  State, and Zip  The service of process for the above stated limited l	iability ent and
mpany at the place desig ee to act in this capacity d complete performance	3711 SW 27 Street Florida street add  Miami City sistered agent and to acceptated in this certificate To I further agree to come of my duties, and I am	ress (P.O. Box <u>NOT</u> acceptable)  FLORIDA 33134  , State, and Zip  rept service of process for the above stated limited legistering, I hereby accept the appointment as registered age ply with the provisions of all statutes relating to the familiar with and accept the obligations of my positions.	iability ent and

Page 1 of 2 (CONTINUED)

Title:	Name and Address:
"MGR" = Manager	Name and Address.
"MGRM" = Managing Member	
MGR	Nily Milton-Diaz
	3711 SW 27 Street
	Miami, Florida 33134
(Use attachment if necessary)	-
(Ose attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
	•
REQUIRED SIGNATURE:	
NUMM	an authorized representative of a member.
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury are true.)
Nily Milton-Diaz	

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)