# L06000094727

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
7						





200079807492

09/28/06--01003--008 \*\*125.00

RECEIVED

OB SEP 27 PM 2: 23

DATE OF THE PROPERTY OF THE PROP

SECRETARY OF STATE



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528 P

HOLD FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

	NIVO COUNTAIN	Sept				tember 27, 2006	
S	ERVICES	CORPORATION NAME (S) AND DOCUMENT NUMBER (S): Milestone Enterprise LLC					
		Milestone Enterprise, LLC			Se se		
						F. 5	
	Filing Evidence  ⊠ Plain/Confirmati				Type of Documen Certificate of Statu	71.0	
	□ Certified Copy				Certificate of Good	Standing	
					Articles Only		
	Retrieval Request  □ Photocopy			Ā	All Charter Docum Articles & Amendi Fictitious Name Ce	ments	
	☐ Certified Copy			<b>-</b> (	Other		
	NEW FILINGS		AMENDMENTS	,			
:	Profit		Amendment				
	Non Profit		Resignation of RA	A Offi	cer/Director		
X	Limited Liability		Change of Registe	ered A	Agent		
	Domestication	<u> </u>	Dissolution/Witho	irawa	<u> </u>		
	Other		Merger				
		, <u> </u>					
	OTHER FILINGS		REGISTRATION	I/QU	ALIFICATION		
	Annual Reports		Foreign				
	Fictitious Name	] [	Limited Liability				
	Name Reservation		Reinstatement	•			
	Reinstatement		Trademark				
-			Other				

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## MILESTONE ENTERPRISE, LLC



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

#### **Principal Office Address:**

**Mailing Address:** 

OF SER 21 PH II. 30

5500 SW 42<sup>nd</sup> Place Ocala FL 34474

5500 SW 42<sup>nd</sup> Place Ocala FL 34474

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

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

Tridiv N. Saha 5500 SW 42<sup>nd</sup> Place Ocala FL 34474

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 608, Florida Statutes.

Tridiv N. Saha

26.06

#### ARTICLE IV- Manager(s) or Managing Member(s):

The names and addresses of the Manager(s) is/are as follows:

Title:

Name and Address:

"MGR"

Tridiv N. Saha 5500 SW 42<sup>nd</sup> Place Ocala FL 34474

# **REQUIRED SIGNATURE:**

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.)

Tridiv N. Saha

Typed or printed name of signee