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Division of Corporations Florida Department of State

> Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES,

Account Number : 075350000353 Phone

: (212)431-5000

Fax Number

: (212)431-1441

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MIGONLA, LLC

Certificate of Status	0
Certified Copy	- 0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	pany is:
MIGONLA, LLC	1
ARTICLE II - Address: The mailing address and street address (of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1902 WEST CASS STREET	1902 WEST CASS STREET
TAMPA, FL 33606	TAMPA, FL 33606
The name and the Florida street address JOHN FRANCO	Name Name
1902 WEST CABS STR	SSE O L
	street address (P.O. Box NOT acceptable)
TAMPA	33506 EO
TAMPA FL 33506 City, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 408, F.S.,

(CONTINUED)

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JOHN FRANCO, REGISTERED AGENT

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

The name and address of each Manager or Managing Member is as follows:

11116: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
MGRM	JORGE GONZALEZ
	9916 MENANDER WOOD COURT
	ODE88A, FL 33556
MGRM	ALEX MIQUEL
	3104 W. WATERS AVENUE, SUITE 2058
	TAMPA, FL 33614
MGRM	MICHAEL LAURATO
	1902 W. CASS STREET
	TAMPA, FL 33608
	
	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

ALEX MIQUEL

Typed or printed name of signee

Elling Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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