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(Requestor's Name) (Address) (Address)	300082988683
(City/State/Zip/Phone #)	02/05/0701008020 **255.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED
Office Use Only	FFECTIVE DATE 1207 SECRE FLORIDATE 1207 TALLAHASSEE, FLORIDA



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

February 5, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Type of Document

☑ Certificate of Good Sta

□ All Charter Documents to Iffclude

Articles & Amendments

Fictitious Name Certificate

□ Certificate of Status

□ Articles Only

 \Box Other

Millenia Restaurant LLC

Filing Evidence

- ☑ Plain/Confirmation Copy
- □ Certified Copy

Retrieval Request

□ Photocopy

NEW FILINGS

Limited Liability

Domestication

Profit

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Non Profit

- □ Certified Copy
- EFFECTIVE DATE AMENDMENTS Amendment Resignation of RA Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Millenia Restavant LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,"

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1 <u>5.</u> Orange Ave 5k 204 Orando FE 32801

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jason Venning
Name
1 S. Oronge Ave Ste 304
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32801

City, State, and Zip

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	- Mark E NeJame 15, Dange Ave Ste 304 Olandoz FE, 32801	n a ser a
<u> </u>	*** *	ال المراجع الم المراجع المراجع المراجع المراجع المراجع
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(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: $2 \cdot 2 \cdot 2 \cdot \sigma \overline{\gamma}$. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>REQUIRED</u> SIGNATURE:

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Signature of a memi	per or an authorized representative of a member.
(In accordance with s of this document con that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Joen 1	lenning
1	yped or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)