

L08000022070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

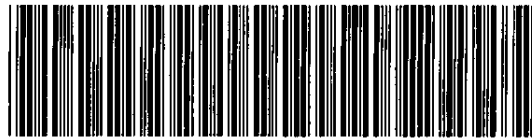
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600118904846

02/29/08--01027--003 **155.00

FILED

08 FEB 29 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR - 3 2008

February 22, 2008

To: Registration Section
Division of Corporation

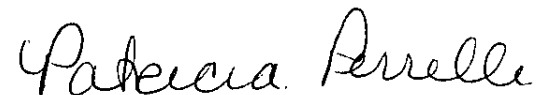
Subject: MiloMax, LLC

The enclosed Article of Organization and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Patricia Perrelli
MiloMax, LLC
3 Longview Drive
Holmdel, New Jersey 07733

For further information concerning this matter, please call Patricia Perrelli at (732) 888-8121.

Sincerely,



Patricia Perrelli
Administrative Assistant

Enclosure: Check \$155.00
Florida Department of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MiloMax, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

3784 SE Old St. Lucie Boulevard
Stuart, Florida 34996

Mailing Address:

3 Longview Drive
Holmdel, New Jersey 07733

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:

Roger C. Schank

Name

3784 SE Old St. Lucie Boulevard


Florida street address (P.O. Box **NOT** acceptable)

Stuart, Florida 34996

City, State, and Zip

FILED
08 FEB 29 PM 2:15
SECRETARY OF STATE
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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Roger C. Schank

3784 SE Old St. Lucie Boulevard
Stuart, FL 34996

MANAGER

Michael McGarry

1330 Jackson Street
River Forest, IL 60305

MANAGER

Annie P. Schank

3784 SE Old St. Lucie Boulevard
Stuart, FL 34996

MANAGER

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/22/08 (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.)

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.)

Roger C. Schank

Typed or printed name of signer

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)**

FILED
08 FEB 29 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA