## L08000027887

(Re	equestor's Name)	
(Ad	ldress)	
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(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

B. KOHR

MAR 1 9 2008

**EXAMINER** 



200116656332

08 MAR 18 AM 8: 27 SECRETARY OF STATE ALLAHASSEF, FLORIDI

DEPARTMENT OF STATE DIVISION OF CORPORATION 2008 NAR 18 PH 1: 1

SUFFICIENCY OF FILING

B. KOLID MAR 1 9 2000

EXAMINEL

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Ste A Tallahassee, FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395 5

DATE:

03-18-07

NAME:

MILLENIA CONSTRUCTION GROUP LLC

TYPE OF FILING: ARTICLES OF ORGANZIATION

**COST:** \$125

**RETURN:** 

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
MILLENIA CONTRUCTON GROUP LLC
(Must and 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: Mailing Address:
3049 North Covington Prive PO Box 6201 Dzitone, fr 32725 Dzitone, fr 32725
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:
RAYNEL NAZARIO

Name

Name

Name

Name

Name

Name

Name

Name

Not acceptable

Not to a FL 32725

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 Signapure (ROQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" - Manager "MGRM" = Managing Membe	Name and Address:
MGR	PO GOY 6201 Dollar, 12 32725
(Use attachment if necessary)	
FICLE V: Effective date, if other the effective date is listed, the date in 1990 days after the date of filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pr
REOUIRED SIGNATURE:	m A
Kau	al Ab
Signature of (In accordance of this docume	member or an authorized representative of a member, with section 608.408(3). Plorida Statutes, the execution not constitutes an affirmation under the penalties of perjury stated herein are true.)

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)

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