L11000056273

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Nan	ne)
' (Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
y.	A. LU	NT
MAY 1 2 2010		
FXAMINER		

Office Use Only



500207296095

500207296095 05/10/11--01005--020 **160.00

TILED PH 1: 38

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Name of Limited Liability Company		
The enc	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter to the following: AUNA VILLASANTE Name of Parson		
	AUNA VILLASANTE SE		
-	Name of Person Firm/Company	<u>-</u> : <u>-</u>	
_	Firm/Company 5717 65	5	
	7740 NW 565T		
_	Address		
- For furt	City/State and Zip Code AUNA. VILLAGANTE (C. PEACE LONEWORLD. LOM E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:	- 	
1 Of faith	er mormation concerning and matter, prease can.		
_Aut	ANDRA RDOUE at (186) 449 - 9035 Name of Person Area Code & Daytime Telephone Number		
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$\int \\$130.00\$ Filing Fee & \$\int \\$155.00\$ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$\int \\$160.00\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name: The name of the Limited Liability Company is:	HAY 10 PH			
MILLONARE GIRLS CLUB, 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 print	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1700 NW 565T	7760 NW 576ST			
miami, ft 33166	miami, fr 33166			
The name and the Florida street address of the re	gistered agent are:			
324 W. SAN MARINO DR, Florida street address (P.O. Box NOT acceptable)				
MIAMI BEAULA City, State	FL 3313 9 e, and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register.	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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