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MURPHY REID, L.L.P.

ATTORNEYS AT LAW

340 Royal Poinciana Way, Suite 339J
Palm Beach, Florida 33480
Tel. 561-655-4060 • Fax 561-832-5436

11300 U.S. Highway One, Suite 401
Palm Beach Gardens, Florida 33408
Tel. 561-355-8800 • Fax 561-832-5436

100 Vista Royal Boulevard
Vero Beach, Florida 32962
Tel. 772-567-6480 • Fax 772-562-0220

Please respond to Palm Beach Gardens office

mfaris@murphyreid.com

April 11, 2012

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

RE: MILEA, LLC
Our File No.: 6685.000

Ladies and Gentlemen:

Enclosed you will find an original and a copy of the Articles of Organization for the above mentioned entity with our check for filing and a certified copy in the amount of \$155.00.

Please file the original, date stamp and return a certified copy using the enclosed stamped envelope. If you should have any questions regarding the enclosed, do not hesitate to contact me.

Very truly yours,



Mireille M. Faris
Florida Registered Paralegal

FRANK T. PILOTTE[†] • GEORGE P. ORD[♦] • JOHN HARRISON HOUGH • KATHLEEN A. KADYSZEWSKI[†] • KELLY A. BUIST

Special Counsel:

EUGENE W. MURPHY, JR., Retired • R. SCOTT BUIST[♦]

[♦]Board Certified Business Litigation and Civil Trial [†]Board Certified Wills, Trusts and Estates Lawyer [•]Also admitted in New Jersey, Oklahoma and District of

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILEA, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mireille Faris

Name of Person

Murphy Reid, LLP

Firm/Company

11300 U. S. Highway One, Suite 401

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

mfaris@murphyreid.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mireille Faris

Name of Person

at (561) 355-8800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MILEA, 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:

142 Serpentine Dr.
Morganville, NJ 07751

Mailing Address:

142 Serpentine Dr.
Morganville, NJ 07751

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:

Frank T. Pilotte

Name

11300 U. S. Highway One, Suite 401

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

Palm Beach Gardens FL 33408

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)

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:

MGRM

Michael Stephan
142 Serpentine Drive
Morganville, NJ 07751

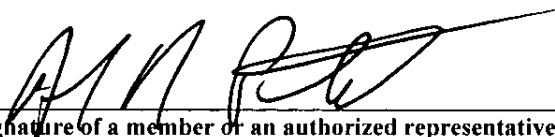
MGRM

Angela Stephan
142 Serpentine Drive
Morganville, NJ 07751

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Frank T. Pilotte

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)