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(Requestor's Name)
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N. Guttgan JUN 1 9 2012

COVER LETTER

Registration Section -

TO:

Division of Corporations			
SUBJECT:		INO LLC	
	Name of Limite	ed Liability Company	·
	es of Organization and fee(s) are s		
Please return all cor	respondence concerning this matter	er to the following:	
	Jonge M	ALDONAPO	
		Name of Person	
	78 CAMIN	10 226	
		Firm/Company	
	7440 S. U	1). 994 STREE Address	
		Address	
	Pirochest,	FL 33/56	
<u> </u>	ma/do a b	or future annual report notification)	
For further informati	ion concerning this matter, please	·	
JORGE 1	MACOONADO	at (<u>305</u>) <u>342 · 2</u> Area Code & Daytime Tele	2370
Na	me of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee &	LI	\$160.00 Filing Fee,
•	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section Division of Corporations	Registration Section Division of Corporation	s
	P.O. Box 6327	Clifton Building 2661 Executive Center C	
	Tallahassee, FL 32314	Tallahassee, FL 32301	OHOR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	npany is:	
	Mino LLC	
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
	Sof the registered agent are: **Flactoring** Name **STACT** Street address (P.O. Box NOT acceptable) Company Street S	FILED
	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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MG R	JORGE MALDONADO
	7440 S.W. 994 STREET
	JORGE MALDONADO 1440 S.W. 99 5 STREET PINECREST, FL 33156
MERM	
	ELDA AWAPARA-MALDONADO 1440 S.W. 994 STREET PINECREST, FL 33156
	PINECREST, FL 33156
	ate of filing: (OPTIONAL)
(If an effective date is listed, the date must be sto or 90 days after the date of filing.)	specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	A DE SE
	E S
Signature of a member of	or an authorized representative of a member.
(In case of the ca	mo P
	or an authorized representative of a member. 08(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are the stated in a document to the Department of States is provided for in s.817.155, F.S.)
constitutes a third degree felony a	s provided for in s.817.155, F.S.)
Jong	# MALDONADO d or printed name of signee
Туре	d 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)