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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | | |
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BONUS McCABE LAW FIRM

ATTORNEYS AND COUNSELORS AT LAW

Offices in Orange and Volusia Counties

Reply to Orlando Office

Orlando Office 1115 East Concord Street Orlando, Florida 32803 Telephone No.: (407) 835-8811 Facsimile No.: (407) 835-8868

Writer's email: ptb@bonusmccabe.com

July 2, 2013

900 North Swallowtail Drive, Suite 101 Port Orange, Florida 32129 Telephone No.: (386) 761-3008 Facsimile No.: (386) 761-8680

Port Orange Office

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Philip F. Bonus, Esquire

Rhonda A. Marret, FRP

Dawn M. Tummins, FRP

Susanne D. McCabe, Esquire

Re: Mia-Art, LLC

Our File No.: B182-2897

Dear Sir or Madam:

Enclosed you will please find an original and one copy of the Articles of Organization for Mia-Art, LLC, and Acceptance of Designation as Registered Agent for filing. Also enclosed is this firm's check #3530 in the sum of \$125.00 representing the following:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent

Very truly/yours

Philip F. Bonus

PFB/ram Enclosures

cc: Mia-Art, LLC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company ("Company") is:

Mia-Art, LLC

ARTICLE II - Address:

Principal Office Address:

629 Pigeon Lane

Lake Mary, Florida 32746

Mailing Address:

629 Pigeon Lane

Lake Mary, Florida 32746

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent and the registered office of the Company is:

Annemarie V. Billings 629 Pigeon Lane Lake Mary, Florida 32746

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.

ANNEMARIE V. BILLINGS

Registered Agent

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

This is a Manager Managed Company. The Company will have one (1) Member Shipial Goand one (1) Manager initially, but it is authorized to have multiple Members and multiple Managers. The Company is authorized to have as few as one (1) Member and as few as one (1) Manager. The number of Members and Managers may exceed one (1) from time to time in accordance with the Operating Agreement as it may exist from time to time, but all Managers must be Members of the Company. However, not all Members must be Managers. The admission and/or appointment of new Members and/or additional Managers shall be in accordance with the Operating Agreement of the Company as such Operating Agreement may exist from time to time. The initial Operating Agreement of the Company shall be adopted after the Company is authorized to transact business. The names and addresses of the initial Member, and the initial Manager are as follows:

| | 1. | Annemarie V 629 Pigeon L | ane | | 100% | | | | | |
|---------------------------|-----------------------|--|-------------|---------------------------------|-----------------|----------------|---------------|----------------------|------------------------|--|
| Smemo | mnz | Lake Mary, F | lorida 32 | - | | | | | | |
| A'NNEMARI Initial Memb | IE V. F per | BILLINGS | | | | | | | | |
| В. | Initia | al Manager's N | ame and | l Address: | | | | | | |
| | 2. | Annemarie V 629 Pigeon L Lake Mary, F | ane | | | | | | | |
| & Shull ANNEMAR | <u>nαιί</u> IE BIL | 5 V Bila | | - | | | | | | |
| Initial Mana | iger | | • | | | | | | | |
| STATE OF I COUNTY O | | | | | | | : | ABAGET TELEVISION | 2018 JUL | |
| | | O AND SUBSC BILLINGS, as | | | <u> S</u> t day | of Ju | 4 | <u> </u> | -52013 2013 2013 | |
| | MY CON EXPINE | ONDA MARRET IMISSION # EE 107250 ES: October 25, 2015 I Notary Public Underwriters | | (Notary Public) (Print, type of | _ 1 | $(Y)_{\alpha}$ | ot ed name | Ş., | 7 - | |
| Perso | nally K | nown <u>X</u> | OR | Produced Ide | ntification | ı | | | | |
| Туре | of Ider | ntification produ | ced | | | | | | | |

Initial Member's Name and Address

A.

Percentage of Initial Interest

STATE OF FLORIDA COUNTY OF ______

| SWORN TO AND SUBSCRIBED by ANNEMARIE V. BILLINGS, as Member | before me this \(\frac{1}{2} \) day of \(\frac{1}{2} \) day of \(\frac{1}{2} \), 2013 er/Manager. |
|---|--|
| RHONDA MARRET MY COMMISSION # EE 107250 EXPIRES: October 25, 2015 Bonded Thru Notary Public Underwriters | (Notary Public - State of Florida) (Print, type or stamp commissioned name of Notary) |
| Personally Known OR | Produced Identification |
| Type of Identification produced | |

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