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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

FLORIDA LIMITED LIABILITY CO. Image: Constant Image: Constant</

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mia-Mel 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:

Mailing Address:

833 SW 11 ST, Miami, FL 33129

833 SW 11 ST, Mlami, FL 33129

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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:

Carol M. Curry		ALL	2013	
	Name		AUG	-
833 SW 11 ST		ASS	5	ſ
Florida	street address (P.O. Box NOT acceptable)	μç	<u> </u>	1
Miami,	53129 FL		2	(
City, State, and Zip			י <u>ר</u> 5	

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)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

(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.)

	REOUTRED SIGNATURE:	2813
₹,	\sim	FILE AUG 15 AIIASSI
	Signature of a member or an authorized representative of a member.	Hig _
	(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 barein are true.) CAYO M. CUYY Typed or printed name of signce) 11. 17: 54 FLORIDA
	Filing Fees:	
	 \$125.60 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.60 Certificate of Status (Optional) 	
	Page 2 of 2	

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