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SECRETARY OF STATE ALLAHASSEE, FLORIDA 2013 AUG 28 PK 2: 0

B. BOSTICK
AUG **2 9** 2013
EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

Milles Alvarado Enterprises, 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:

Maria Leshansky				
	Name of Persor	1		
Milles Alvarado Ent	erprises	, LL	С	
	Firm/Company			
11701 NE 9 Avenue	Э			
	Address			
	1	-		4 (49)

Miami FL 33161	7	2
City/State and Zip Code		<u> </u>
alealvaradomaso@gmail.com	AK.	JUA
E-mail address: (to be used for future annual report notification)	S	28
For further information concerning this matter, please call:		-0

Maria Leshansky
Name of Person

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 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 Compan	y is:			
Milles Alvarado Enterprises,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 street address and street address of the s	he principal office of the Limited L	iability (Compa	any is:
Principal Office Address:	Mailing Address:			
11701 NE 9th Avenue	11701 NE 9th Avenue		_	
Miami FL 33161	Miami FL 33161		-	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Maria Leshansky 11701 NE 9th Avenue		SECRETARY OF S FALLAHASSEE, FL	2013 AUG 28 PM	
Florida stre	eet address (P.O. Box NOT acceptable)	ORIO	2: 01	
Miami	FL 33161	منثر	,,	
Ci	ity, State, and Zip			
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this call statutes relating to the proper and con and accept the obligations of my position	d in this certificate, I hereby accept capacity. I further agree to comply v mplete performance of my duties, an	the appo with the p ad I am fo	ointme provisi amilia	nt as ions of r with
Registered Agent's	Signature (REQUIRED)			

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member	•	
MGRM	Carlos Milles	
	11701 NE 9 Avenue	
	Miaml FL 33161	
MGRM	Alessandra Alvarado Maso Milles	
	11701 NE 9 Avenue	
	Miami FI, 33161	
		TALLAHAS
	•	المراس
(Use attachment if necessary)		
LE V: Effective date, if other than the		(OPTIONAL
ffective date is listed, the date must or 90 days after the date of filing.)	be specific and cannot be more th	nan five business

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.)

Alebsamora Aluarano masó
Typed 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)

Page 2 of 2