

L14 00 0052038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

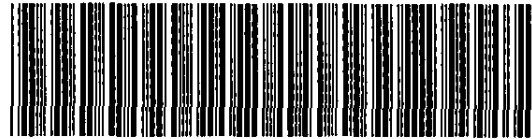
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/10/14--01003--016 \*\*160.00

FILED  
MAR 10 2014  
FBI - TAMPA

J. Shivers MAR 31 2014

2544



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2014

YOLANDA GONZALEZ  
12235 SW 128 ST #207  
MIAMI, FL 33186

SUBJECT: MILLENIUM NATURAL SYSTEMS LLC  
Ref. Number: W14000015635

We have received your document for MILLENIUM NATURAL SYSTEMS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 214A00005293



Millenium Natural Health Products

March 27, 2014

Registration Section

Division of Corporations—Florida Dept. of State

Clifton Building

2661 Executive Center Building

Tallahassee, FL 32301

Dear Sir,

RE: Millenium Natural Systems, LLC

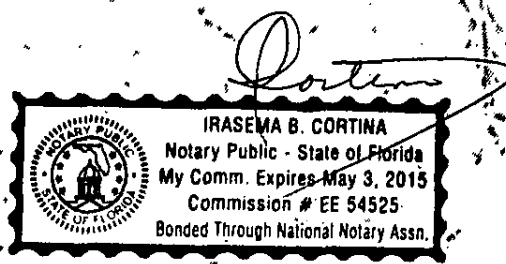
The undersigned is the owner of Millenium Natural Systems trademark (Document # T04000000472) and hereby consents to allow Millenium Natural Systems LLC to use the name to be registered in the State of Florida as an LLC.

Please let me know if there is any additional information that you may need. Your anticipated cooperation is appreciated.

Sincerely,

Millenium Natural Health Products, Inc.

By: Ada De Quesada, President



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MILLENIUUM NATURAL SYSTEMS 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:

YOLANDA MENA GONZALEZ

Name of Person

MILLENIUUM NATURAL SYSTEMS LLC

Firm/Company

12235 SW 128 STREET, # 207

Address

MIAMI, FL 33186

City/State and Zip Code

ADAQUES@MILLENIUUMNATURAL.COM

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

For further information concerning this matter, please call:

ADA DE QUESADA at ( 305 ) 594-4990

Name of Person

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:

MILLENNIUM NATURAL SYSTEMS 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:

12235 SW 128 STREET, #207, MIAMI, FL 33186

SAME

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:

YOLANDA MENA GONZALEZ

Name

12235 SW 128 STREET

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

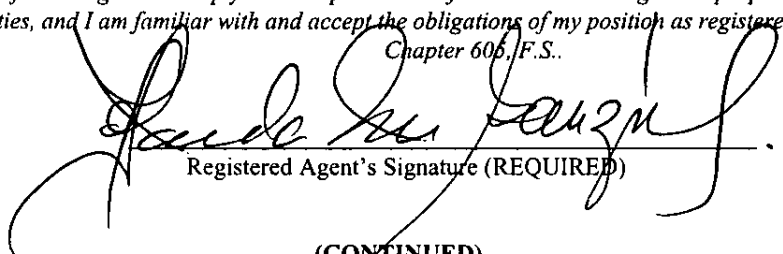
MIAMI,

City

FL 33186

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 606, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

YOLANDA MENA GONZALEZ

12235 SW 128 STREET, #207

MIAMI, FL 33186

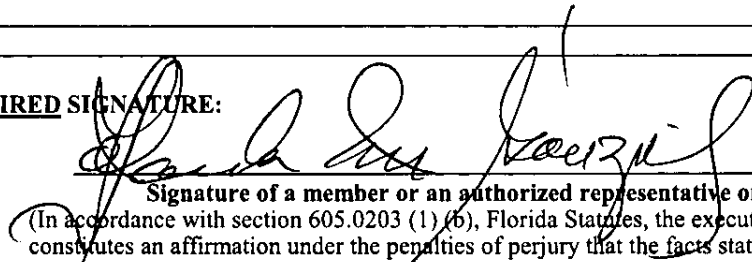
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

YOLANDA MENA GONZALEZ

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)**