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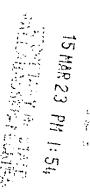
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Milleria X DOSE 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:
Brock (Dillan
Name of Person
Millenia Xpose 1 Firm/Company
PO Box 2052
Address
Melbourne Fl 32902 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brock Dillar at (321) 536-3651 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status \$\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end whitzhe words Enfined Elability Company, E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
826 Melbourne Ave PO Box 2052 April 10 Melbourne FI, Melbourne FI, 32900
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: Name
826 Melbourne Ave Apt ID
Florida street address (P.O. Box <u>NOT</u> acceptable)
Melloune FL 32902
City 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 605, F.S
Brak Illar
Registered Agent's Signature (REQUIRED)
(CONTINUED) Page 1 of 2
Fige 1012

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Ambr	Brock Oilliams
	-
(Use attachment if necessary)	
EV: Effective date, if other than the date of	of filing: (OPTIONAL)
EV: Effective date, if other than the date of	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90
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