

L15000079465

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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2015 MAY -5 P 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

T SCHROEDER
5/6/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2015

MARIA LESHANSKY
11701 NE 9TH AVENUE
MIAMI, FL 33161

SUBJECT: MILLES-ALVARADO ENTERPRISES USA, LLC
Ref. Number: W15000027772

RECEIVED
15 MAY -5 AM 10:00
BUREAU OF CORPORATE
INFORMATION SERVICES

We have received your document for MILLES-ALVARADO ENTERPRISES USA, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 715A00007932

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Milles-Alvarado Enterprises USA, 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 Person

Milles-Alvarado Enterprises USA, LLC

Firm/Company

11701 NE 9th Avenue

Address

Miami FL 33161

City/State and Zip Code

alelavaradomaso@gmail.com

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

For further information concerning this matter, please call:

Maria Leshansky at (305) 496-7799
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

Miles-Alvarado Enterprises USA, 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:

11701 NE 9th Avenue
Miami FL 33161

11701 NE 9th Avenue
Miami FL 33161

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:

Maria Leshansky

Name

11701 NE 9th Avenue

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

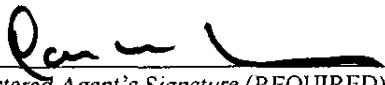
Miami

City

FL 33161

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.,


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Carlos Milles

MGR 100%

Name and Address:

11701 NE 9th Avenue

Miami FL 33161

Alessandra Alvarado

MGR 100%

11701 NE 9th Avenue

Miami FL 33161

(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:

Alessandra Alvarado

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.)

Alessandra Alvarado

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)

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TALLAHASSEE FLORIDA