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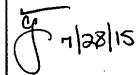
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AND MARKS OF STATE



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mr. Millennial, 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:
Jason Bell Name of Person
Name of Person
Firm/Company
945 Andora Ave
Address
Coral Gables, FL 33146 City/State and Zip Code Jason A Bell Qamail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joson Bell at (786) 838 - 9613 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 & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301New Filing SectionTallahassee, FL 32301New Filing Section

ARTICLES QF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	FILED
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	15 JUL 23 PH 3 02
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	TELEPHET ARY OF STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	10. 444.0 EGRUE
Principal Office Address: Mailing Address	:
Jason Bell - 945 Andora Aue 945 Andora Coral Cables, FL 33146 Coral Gab	ra Ave les FC, 33146
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 another business entity with an active Florida registration.)	idual or
The name and the Florida street address of the registered agent are:	
Jason Bell Name	
Florida street address (P.O. Box NOT acceptable)	
Coral Galoles FL 33146 City State Zip	
City State 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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
-	bson Bell
Jason Bell-AmBR	945 Andora Ave
Jasop Bell III	coral lables, FL 33146
(Heaptheantifmanagem.)	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing:	(OPTIONAL)
If the date inserted in this block does not meet the a ocument's effective date on the Department of State's	
If the date inserted in this block does not meet the a ocument's effective date on the Department of State's CLE VI: Other provisions, if any.	
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