

L15000128629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

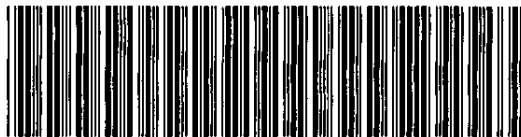
(Document Number)

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15 JUL 27 PM 4:45

RECEIVED OF STATE
TALLAHASSEE, FLORIDA

7/29/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amillenium International, 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:

Darianna Jimenez

Name of Person

Amillenium International, LLC

Firm/Company

2223 NW 79th Avenue, STE 201

Address

Doral, FL 33122

City/State and Zip Code

jdarianna22@gmail.com

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

For further information concerning this matter, please call:

Darianna Jimenez	305	842-8923
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
15 JUL 27 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 24, 2015

DARIANNA JIMENEZ
2223 NW 79TH AVENUE
SUITE 201
DORAL, FL 33122

SUBJECT: AMILLENIU INTERNATIONAL, LLC
Ref. Number: W15000047205

We have received your document for AMILLENIU INTERNATIONAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The affidavit must be sign by an officer/director from the dissolved corporation.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 315A00015616



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2015

DARIANNA JIMENEZ
2223 NW 79TH AVENUE
SUITE 201
DORAL, FL 33122

SUBJECT: AMILLENIU INTERNATIONAL, LLC
Ref. Number: W15000047205

We have received your document for AMILLENIU INTERNATIONAL, LLC and your check(s) totaling \$125.00. 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 715A00014734

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15 JUL 27 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 27th, 2015

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Taxpayer: AMILLENIUM INTERNATIONAL, CORP. (Corporation Dissolved)
Document Number: P14000020291
Taxpayer: AMILLENIUM INTERNATIONAL, LLC (LLC New Registration)
Document Number: W15000047205

Dear Examination Officer;

I, Anibal Souki 100% shareholder of AMILLENIUM INTERNATIONAL, CORP. have decided to dissolve my corporation and convert it in a Limited Liability Company. The dissolution was filed on July 7th.

After the dissolution was filed the Articles of Formation for the newly formed Limited Liability Company AMILLENIUM INTERNATIONAL, LLC were sent to be filed on July 7th, Document Number W15000047205. However, the filing of the new Limited Liability Company has not be completed since the name of this Limited Liability Company is the same exact name as the former Corporation was registered.

Please I kindly request to waive the 45 days waiting time to allow to use the name AMILLENIUM INTERNATIONAL since the 80% member of the Limited Liability Company is the same 100% shareholders of the former corporation, and please proceed and complete the process of formation as of the original date Submitted.

Sincerely Yours,



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMILLENUM INTERNATIONAL, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2223 NW 79th Ave, STE 201 Doral, FL 33122

Mailing Address:

2223 NW 79th Ave, STE 201, Doral, FL 33122

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:

Darianna Jimenez

Name

2223 NW 79th Avenue

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

Doral

Florida

33122

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.

[Signature]
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:

Anibal Souki

2223 NW 79 Avenue, STE 201, Doral, FL 33122

MGR

Darianna Jimenez

2223 NW 79 Avenue, STE 201, Doral, FL 33122

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA