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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA

Account Number: 072450003255

: (305)634-3694 Phone

Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for futuren annual report mailings. Enter only one email address please.

Email Address:

## FLORIDA LIMITED LIABILITY CO. MILSIS USA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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CORPUSA

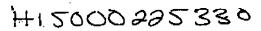
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https://efile.sunbiz.org/scripts/efilcovr.exe

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9/18/2015





## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	MILSIS USA, LLC		
SUBJE	Name of Limited Liability Company		
The enc	closed Articles of Organization and fee(s) are submitted for filing.		
Please re	return all correspondence concerning this matter to the following:		
	GRYSKA SOTOLONGO		
	Name of Person		
	THOMAS G. SHERMAN, P.A.		
	Firm/Company		
	90 ALMERIA AVENUE		
	Address		
	CORAL GABLES, FL 33134		
	City/State and Zip Code GRYSKA@UNIONTITLESERVICES.COM		
	E-mail address: (to be used for future annual report notification)		
For furthe	er information concerning this matter, please call:		
	at(		
	Name of Person Area Code Daytims Telephone Number	<b>5</b> SE	وبعد
Enclosed	ed is a check for the following amount:	0	1 100
\$125.00	O Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$\$  Certificate of Status (additional copy is enclosed)  Certified Copy (edditional copy is enclosed)	<b>1</b> 35 ↓	
	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	Cri	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Lisbi	ity Company is:		
MILSIS USA, LLC			
(Must end	i with the words "Limited	1 Liability Compa	ay, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal o	office of the Limit	ed Liability Company is:
Princi	pal Office Address:		Mailing Address:
4000 Island Blvd.,	Unit # 2004	40	00 Island Blvd., Unit # 2004
Avenutra, FL 33160	0		reatura, FL 33160
***************************************			
(The Limited Liability Compar another business entity with an The name and the Florida stree	active Florida registratio	n.)	t. You must designate an individual or
	*	_	
	THOMAS G. SHERI	MAN, P.A. Name	
		Martie	
	90 ALMERIA AVE		
	Florida street addres	s (P.O. Box <u>NOT</u>	,acceptable)
	CORAL GABLES, F	TL 33	
	City	State	Zip
lace designated in this certifical urther agree to comply with the p	le, I hereby accept the apportions of all statutes repolitions of my position	ointment as registe elating to flee prop as registered agen	he above stated limited liability company at the ered agent and agree to act in this capacity. I er and complete performance of my duties, and at as provided for in Chapter 605, F.S  Lature (REQUIRED)

"AMBR" = Authorized Member "MGR" = Manager MGR	JULI PUJOL 4000 ISLAND BLVD., UNIT # 2004 AVENTURA, FL 33160
	4000 ISLAND BLVD., UNIT # 2004
MON	4000 ISLAND BLVD., UNIT # 2004
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	C
	Committee of the Commit
(Use attachment if necessary)	
of filing.)	g: (OPTIONAL)  and cannot be more than five business days prior to or 90 days
	nd cannot be more than five business days prior to or 90 days e applicable statutory filing requirements, this date will not be li
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