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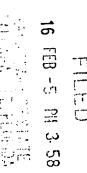
(Re	equestor's Name)	··········
(Ac	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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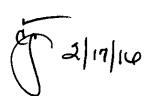
Office Use Only



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COVER LETTER

'		egistration Section ivision of Corporations	•	•
	SUBJECT	. MILLZENIUM L	LC.	
	SOBJECT	Name of Limited Lia		
	The enclos	ed Articles of Organization and fee(s) are submit	ted for filing.	
	Please retu	rn all correspondence concerning this matter to t	he following:	
		JONATHAN MIL	LET	
		Name	of Person	
		MILLZENIUM LI	_C.	
			/Company	
		637-41 NE 12+h-	TERRACE	
		A	ddress	
		BOYNTON BEACH F City/State Millzenium@gmail.	23435 and Zip Code	.,
	-	Milizenium@gmail. E-mail address: (to be used for futu	re annual report notification)	
	For further in	nformation concerning this matter, please call:		
		VOUATHAN MILLET (561 Name of Person Area Code		_
	Enclosed is	a check for the following amount:		
\boxtimes	\$125.00 Fi		tified Copy Certificational copy is enclosed) Certified	Filing Fee, te of Status & Copy 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	16 FEB

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

MILLZENIUM LLC.

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FILED

16 FEB -5 PK 3.58

ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
637-4 NE 12+L TERRACE BOYNTON BEACH, FL 33435	G37.4 NE 12th TERRACE BOYNTON BEACH, FL 33435
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	
<u> Jonathan</u>	MILLET 12th TERRACE
Name	
637-4 NE	12th TERRACE
Florida street address (P.O. I	Box NOT acceptable)
BOSNION BEACH	, FL 33435 tate Zip
City St	tate Zip
(CON	t as registered agent and agree to act in this capacity. It to the proper and complete performance of my duties, and I stered agent approvided for in Chapter 605, F.S ent's Signature (REQUIRED)
P	age 1 of 2

Title: "AMBR" = Authorized M	lember	Name and Address: VON ATHAN MILLET		
"MGR" = Manager		637-4 NE 12+ TERRACE BOYNTON BEACH, FL 33435		
		ISOYU'OU ISEACH, FL 55435		
			_	
			_	
(Use attachment if necessa	ary)			
ffective date is listed, the da e of filing.)	ate must be specific and lock does not meet the ap	. (OPTIONAL) cannot be more than five business days prior to of opticable statutory filing requirements, this date will records.		-
ffective date is listed, the date of filing.) If the date inserted in this bl	ate must be specific and lock does not meet the ap the Department of State's	cannot be more than five business days prior to opplicable statutory filing requirements, this date will		-
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