of State 1237 Electronic Filing Cover Sheet

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(((H16000089552 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

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

Email Address:

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FLORIDA LIMITED LIABILITY CO.

MILO

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April 12, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: MILO, L.L.C. REF: W16000027016

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbis.org.

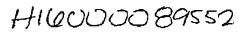
Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L060000063181 (MILOS LLC).

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H16000089552 Letter Number: 316A00007490

P.O BOX 6327 - Tallahassee, Florida 32314





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MILO 1010 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:
Lisa I. Glusaman
Name of Person
Lisa I. Glassman PA
Firm/Company
18851 NE 29th Avenue #700
Address
Aventura, FL 33180
City/State and Zip Code
E-mail address: (to be used for fixture annual report notification)
For further information concerning this matter, please call:
Lisa Giassman 305 792-7240
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is mediated) Certified Copy (additional copy is enclosed)
Meiling Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
MILO (Must and w	th the words "Limite	_C od Liability Com	pany, "LLC.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	lress of the principal	office of the Lix	nited (Jability Company is:	
Principal	Office Address:		Mailing Address:	
6330 NW 114th Street Hialeah, FL 33012			6330 NW 114th Street Hialeah, FL 33012	
ARTICLE III - Registered Agen (The Limited Liability Company of another business emity with an ac The name and the Florida street an	annor serve as its ov tive Florida registra	n Registered Agion.) ed agent are:	Agent's Signature: ent. You must designate an individual	OT .
		Name	•	
	5065 NW 195th St Florida street adde		OT accentable)	
	Miami	FL	33055	
	City	State	Zip	•
place designated in this certificate, to further agree to comply with the pro-	hereby accept the a visions of all statutes	opointment as re relating to the p	for the above stated limited liability con givtered agent and agree to act in this c roper and complete performance of my igent as provided for in Chapter 605, F	apacity, [duties, and [
	Reg	istered Agent's	Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

	Name and Address:
<u> Nile:</u> AMBR" = Authorized Memb	
MGR" = Manager	
AMBR	Lori Fuller
	5065 NW 195th Lane
	Miami, FL 33055
AMBR	Sharlene E. Irabeta
	5065 NW 195th Lane
	Miami, FL 33055
	
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EV: Effective date, if other the cutive date is listed, the date is filled,	uest be specific and cannot be more than five business days prior to or A
of filing.) the date inserted in this block maps's effective date on the D	nest be specific and cannot be more than five business days prior to or M does not meet the applicable mannory filing requirements, this date will no epartment of State's records.
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