(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

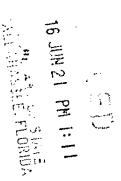
Office Use Only

W14, 40959



100286033701

05/27/16--01007--003 **125.00



TJUN 23 2016

S. GILBERT



June 6, 2016

LEONOR MENDOZA 1395 BRICKELL AVENUE SUITE 690 MIAMI, FL 33131

SUBJECT: MICKELINO CORPORATION LLC

Ref. Number: W16000040959

We have received your document for MICKELINO CORPORATION 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 of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 316A00011833

COVER LETTER '

	egistration Section ivision of Corporations
SUBJECT	Mickelino Corporation LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rm all correspondence concerning this matter to the following:
	Leonor Mendoza
	Name of Person
	Brilliance Realty Group
	Firm/Company
	1395 Brickell Ave Suite 690
	Address
	Miami, FL 33131
	City/State and Zip Code alicia@brgmiami.com
-	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Alicia Mayorga 305 377-9690 ext 1003
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$ 125.00 F	
	Mailing Address Street Address

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2016

LEONOR MENDOZA 1395 BRICKELL AVENUE SUITE 690 MIAMI, FL 33131

SUBJECT: MICKELINO CORPORATION LLC

Ref. Number: W16000040959

We have received your document for MICKELINO CORPORATION 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 of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 316A00011833

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	Mickelino Investments	LLC
SOBJECT	Name of	Limited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	n all correspondence concerning this	matter to the following:
	Leonor Mendoza	
		Name of Person
	Brilliance Realty Group	
		Firm/Company
	1395 Brickell Ave Suite 690	
		Address
	Miami, FL 33131	
	alicia@brgmiami.com	City/State and Zip Code
-	E-mail address: (to be us	ed for future annual report notification)
For further in	formation concerning this matter, ple	ase call:
	Alicia Mayorga	305 377-9690 ext 1003
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Li	ability Company is:	ity Company is:		in the second	
The name of the Elimited Eli	aomity company is.		16 JUN 2	1 PM 1:12	
Mickelino Inv	estments LLC.				
(Must	end with the words "Lir	nited Liability Compa	iny, "L.L.C.," or "LLC,")	SEE. FLORIDA	
ARTICLE II - Address: The mailing address and str	eet address of the princi	pal office of the Limit	ed Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
1395 Brickell A	ve Suite 690	1:	395 Brickell Ave Suite 690		
Miami, FL 3313			fiami, FL 33131		
The name and the Florida s	Mickelino Alois	•			
	Mickelino Alois	·			
	1395 Brickell A	ve Suite 690 Idress (P.O. Box <u>NO</u> '	C accentable)		
		_	. ,		
	Miami	FL State	33131		
	City	State	Zip		
lace designated in this certif irther agree to comply with i	icate, I hereby accept the he provisions of all statu he obligations of my posi	e appointment as regis ites relating to the pro- ition as registered age egistered Agent's Sig (CONTINUE		s capacity. I ny duties, and I	
		Page 1 of 2			

ARTICLE IV-

The name and address of each	person authorized to n	nanage and control th	he Limited	Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
	·
"MGR" = Manager President - MGR	Elisa Martino De Aloisi
Tresident More	1395 Brickell Ave Suite 690
	Miami, FL 33131
Vice-President - MGR	Ricardo Aloisi
	1395 Brickell Ave Suite 690
	Miami, FL 33131
(Use attachment if necessary)	
he date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
REQUIRED SIGNATURE:	A Mall
I am aware that any fal	pember or an authorized representative of a member. Ented in accordance with section 605.0203 (1) (b), Florida Statutes. Use information submitted in a document to the Department of State ree 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)