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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : I1999000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

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FLORIDA LIMITED LIABILITY CO.  
MILA & MACK, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF**

**MILA & MACK, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MILA & MACK, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**6200 SW 48 ST  
MIAMI, FL 33155**

The mailing address shall be:

**6200 SW 48 ST  
MIAMI, FL 33155**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**MARY SOL FERNANDEZ**

**6200 SW 48 ST**

Florida street address ( P.O.BOX NOT acceptable)  
**MIAMI, FL 33155**

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

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..

  
REGISTERED AGENT'S SIGNATURE

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ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**MARY SOL FERNANDEZ**  
6200 SW 48 ST  
MIAMI, FL 33155

**MANAGER**

(An additional article must be added if an effective date is requested)

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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MARY SOL FERNANDEZ**  
Typed or printed name of signee

**CLARA GIRALDO P.A.**  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300