

To: 1850617638 From: 214305700 Date: 8/21/19 Time: 2:40 PM Page: 1/04

8/20/2019

Division of Corporations

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

C RICO
AUG 22 2019

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Milani U.S.A., LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

To: 18506176381 From: 12143052508 Date: 08/21/19 Time: 2:40 PM Page: 02/04
To: 12143174754 From: Restricted Date: 08/21/19 Time: 7:03 AM Page: 01
850-617-6381 8/21/2019 10:03:13 AM PAGE 1/001 Fax Server



August 21, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LEAGALINC CORPORATE SERVICES INC.

SUBJECT: MILANI U.S.A., LLC
REF: W19000077437

We have received your document for MILANI U.S.A., LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return 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.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H19000248156
Letter Number: 219A00017232

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MILANI U.S.A., LLC

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

201 - 7766 Emerald Circle

Naples, Florida 34109

201 - 7766 Emerald Circle

Naples, Florida 34109

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Larry J. Behar, P.A. d/b/a BEHAR LAW GROUP

Name

888 Southeast Third Avenue - Suite 400

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale

Florida

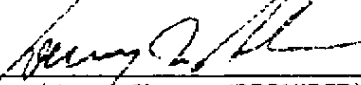
33316

City

State

Zip

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 (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Mohammad shahlaei-Milani</u> <u>201 - 7766 Emerald Circle</u> <u>Naples, Florida 34109</u>
<u>MGR</u>	<u>Shahla Shahlaei Milani</u> <u>201 - 7766 Emerald Circle</u> <u>Naples, Florida 34109</u>
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(Use attachment if necessary)

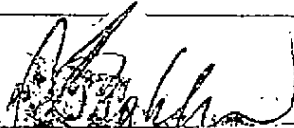
ARTICLE V: Effective date, if other than the date of filing: UPON FILING (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Mohammad shahlaei-Milani, Member

Typed or printed name of signer

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)

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