

**L 20000372083**  
 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 : FLORIDA MULTISERVICES, INC.  
 Account Number : I20150000061  
 Phone : (786)290-3319  
 Fax Number : (305)645-2035

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

Email Address: flmultiservices@yahoo.com

SECRETARY OF STATE  
 TALLAHASSEE, FL

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**FLORIDA LIMITED LIABILITY CO.  
 INVERSIONES MIL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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 TALLAHASSEE, FL

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: INVERSIONES MIL 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:

OMAIRA MILELLA

Name of Person

INVERSIONES MIL LLC

Firm/Company

1430 BRICKELL BAY DR APT 1004

Address

MIAMI, FL 33131

City/State and Zip Code

FLMULTISERVICES@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAIRA MILELLA

786

427-7771

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES MIL 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:

1430 BRICKELL BAY DR

1430 BRICKELL BAY DR

APT 1004

APT 1004

MIAMI, FL 33131

MIAMI, FL 33131

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

OMAIRA MILELLA

Name

1430 BRICKELL BAY DR APT 1004

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

MIAMI

FLORIDA

33131

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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

OMAIRA MILELLA  
1430 BRICKELL BAY DR APT 1004  
MIAMI, FL 33131

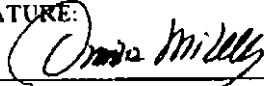
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/01/2020 (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.

OMAIRA MILELLA

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)

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2020 FEB -3 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

INVERSIONES MIL LLC  
 1430 BRICKELL BAY DR APT 1004  
 MIAMI, FL 33131  
 786-427-7771

February 1, 2020

FLORIDA DEPARTMENT OF STATE

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that Omaira Milella of INVERSIONES MIL LLC, Document No. L10000074501 is the same owner and President of the attached articles of incorporation. We have dissolved the company on September 23, 2011 and have no intent of reopening it.

Thank you for your help in this matter,

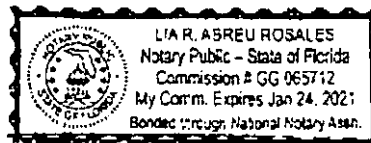
Sincerely yours,

*Omaira Milella*  
 Omaira Milella

STATE OF FLORIDA  
 COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, on February 1, 2020, appeared OMAIRA MILLELA, who is personally known to me, and acknowledged that she executed the foregoing instrument for the purposes expressed therein.

LIA R. ABREU ROSALES, NOTARY PUBLIC, State of Florida



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