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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 : DILL, EVANS & RHODEBACK
Account Number : I20090000004
Phone : (772) 589-1212
Fax Number : (772) 589-5212

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

Email Address: dmiele@aol.com

FLORIDA LIMITED LIABILITY CO.

Miele Associates, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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**ARTICLES OF ORGANIZATION
OF
MIELE ASSOCIATES, LLC**

ARTICLE I - NAME

The name of the limited liability company is MIELE ASSOCIATES, LLC ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

838 Middleton Drive SW
Vero Beach FL 32962

Mailing Address:


838 Middleton Drive SW
Vero Beach FL 32962

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

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

Louis Miele
838 Middleton Drive SW
Vero Beach FL 32962

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.


Louis Miele

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TALLAHASSEE, FL

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(((H20000096765 3))) ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

MGR/AMBR

Louis Miele
838 Middleton Drive SW
Vero Beach FL 32962

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be March 25, , 2020.

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.

Louis Miele

Typed or printed name of signer

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