

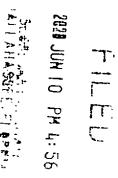
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Shop a

COVER LETTER

10: New Filing Section Division of Corpora	itions				
SUBJECT: Milt	-any Shine JName of Limit	LLC ed Liability Company	·		
The enclosed Articles of Orga	inization and fee(s) are s	submitted for filing.			
Please return all corresponden	ice concerning this matte	er to the following:			
	Christina	Sauls			
		Name of Person			
	Milita	My Shine LLC Firm/Company	љ		
		Firm/Company			
<u>843 E</u>	Ellisch Ave	. Uni+A			
		Address			
	cksonville, 1	FL, 32227 y/State and Zip Code Hotmail. Com	<u> </u>	2821 JUN 10 PH 4:	
0 i	City	//State and Zip Code	1	, j	7
<u> </u>	<u>inasauser</u>	Hotmail. Com	co]*		
E-mai	il address: (to be used to	or future annual report notificati	on)	·	7
For further information concern	ing this matter, please c	all:			
Christia				: 56	
Name of I	Person Area	a Code Daytime Telephone	e Number		
Enclosed is a check for the fol	llowing amount:				
	\$130.00 Filing Fee & ertificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Certificate of State Certified Copy (additional copy is e	us &	
Mailing Ad	<u>ldress</u>	Street Address			

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Militar (Must contain	the words "Limited Liability Co	ompany, "L.L.C.," or "L	.LC.")	
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the	Limited Liability Comp	oany is:	
<u>Principal C</u>	Office Address:	<u>Mai</u>	ling Address:	
843 FLLison Unit A Jacksonville FL	Ave, -32277	943 Ellison Unit A	Ave.	
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an activ	nnot serve as its own Registered			
The name and the Florida street add	ress of the registered agent are:	uls		
1	Name 843 Ellisan Aye. 1 Florida street address (P.O. Bo)	InitA NOT acceptable)		
-	Jacksonville FL City State	32227 zip		
Having been named as registered ages place designated in this certificate, I h further agree to comply with the provi- am familiar with and accept the obliga	ereby accept the appointment as sions of all statutes relating to th	ess for the above stated li registered agent and ag ne proper and complete p	rree to act in this capacity. I performance of my duties, and I	
	CA Dad	(DEOLUBE	A 1 20 20 20 20 20 20 20 20 20 20 20 20 20	
	Registered Agent	's Signature (REQUIRE	JUNIO PHIL	

ARTICLE IV-

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

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager	A		
AMBR	Christina Sauls		-
	843 Flison Ave. UnitA		_
	Jacksonville FL 32327		_
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			-
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	,		-
(Use attachment if necessary)			
(000 1			
TICLE V: Effective date, if other than th	e date of filing: (OPT	IONAL)	
an effective date is listed, the date must	be specific and cannot be more than five business days	prior to or 90	days after
date of filing.)			
	not meet the applicable statutory filing requirements, the	is date will no	t be listed a
document's effective date on the Depart	ment of State's records.		
TICLE VI: Other provisions, if any.			
Tebb vi. One provisions, it may.		× ,	≈ ⊅
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REQUIRED SIGNATURE:		EQ. F	
REQUIRED SIGNATURE:			
REQUIRED SIGNATURE:			
Signature o	f a member or an authorized representative of a memb	en in	
Signature o This document is	executed in accordance with section 605.0203 (1) (b), Flo	per.	iii C
Signature o This document is I am aware that an	executed in accordance with section 605.0203 (1) (b), Flo y false information submitted in a document to the Depart	per.	iii C
Signature o This document is I am aware that an	executed in accordance with section 605.0203 (1) (b), Flo	per.	iii C
Signature o This document is I am aware that an constitutes a third	executed in accordance with section 605.0203 (1) (b), Flo y false information submitted in a document to the Depart	per.	iii C

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)