L20000179903

(R	Requestor's Name)			
(A	address)			
A)	(ddress)			
(0	City/State/Zip/Phone #)).		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
/[Ocument Number)			
(L	ocument Number)			
ed Copies	Certificates of	Status		
ial Instructions to Filing Officer:				
~	<u> </u>			
	Office Use Only			



700346067837

06/23/20--01004--020 **125.00

C RICO JUN 23 2020 AMBIEN OF CHARGEATER

20 JUN 23 AM II: I.a

COVER LETTER

New Filing Section

TO:

Division of Corporations				
SUBJECT: MiniBiz, 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:				
Yuliya Lough Name of Person				
Firm/Company				
6898 Rain Lily Rd #202				
Naples FL 34109 City/State and Zip Code minibizhes@yahoo.com E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address New Filing Section Street Address New Filing Section Division				

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΓICLE I - Name:			
name of the Limited Liabili	ty Company is:		
	AiniBiz LLC ain the words "Limited Liability Co	mpany, "L.L.C.," or "LL	C.")
FICLE II - Address: mailing address and street a	ddress of the principal office of the	Limited Liability Compa	ny is:
<u>Princip</u>	al Office Address:	<u>Mailir</u>	ng Address:
6898 Ra Naples F	in Lily Rd #202	6898 Ro Naples	cin 6/4 Rd #201
	ent, Registered Office, & Registered cannot serve as its own Registered active Florida registration.)		te an individual or
name and the Florida street	address of the registered agent are:		
	Yy liya Name	Lough	
	6898 Rain Lile Florida street address (P.O. Box	Rd # 201	
	TOTAL ALL COLUMN COST (C.O. DOL	<u> </u>	

ng been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. It agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I miliar 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)

On RIV OO AMILLO

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG-R	Muling Lough 6898 Rain Lily Rd #202 Naples Fr 34100
 	
(Use attachment if necessary)	ate of filing: <u>6 - 20 - 2020</u> . (OPTIONAL)
f an effective date is listed, the date must be ne date of filing.)	specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed a
RTICLE VI: Other provisions, if any.	in of state s records.
REQUIRED SIGNATURE:	helier
This document is exe I am aware that any fa	member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. disc information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
<u> Vuli</u>	YA LOUGH Typed or printed name of signee

as

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)