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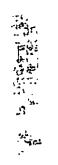
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Codified Conins Codificator of Status
Certified Copies Certificates of Status
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N CULLIF

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
Business Name & Document Number	(OFFICE USE ONLY)
1. <u>Millenium John Young Pkwy L</u>	
Name	Document Number (if known)
x Walk in	Will wait
Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit X Limited Liability Domestication INC	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement Trademark
APOSTIL COUNTRY	Other

EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC

COVER LETTER

TO:	New Filing Section Division of Corporation	ns			
SUBJE	Millenium John Y	oung Pkwy LLC			
SUBJE	<u>. </u>	Name of Lim	ited Liabil	ity Company	
The enc.	losed Articles of Organiz	ation and fee(s) are	submitted	I for filing.	
Please re	eturn all correspondence	concerning this mai	ter to the	following:	
	Aaron Miller				
			Name of	Person	
	Millenium John Yo	ung Pkwy LLC			
			Firm/Co	ompany	
	1353 Palmetto Ave	, Suite 100			
			Addı	ress	
	Winter Park, FL 32	789			
	cmillercapital@gma		ty/State ar	nd Zip Code	
	E-mail ad	idress: (to be used	or future :	innual report notificati	on)
For furthe	r information concerning	this matter, please	call:		
	Lura Barua	88. at (8	650-3738)	
	Name of Per	son An	ea Code	Daytime Telephone	e Number
Enclosed	d is a check for the follow	ving amount:			
≘\$ 125.		0.00 Filing Fee & ficate of Status	Certifi	5.00 Filing Fee & ed Copy at copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section of Control P.O. Box 6327 Tallahassee FI	tion rporations		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee ot, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2020 AUG 31 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FL

Millenium	John	Young	Pkw	CLLC
***************************************	~~			

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

ARTIC

<u> </u>	Principal Office Address:		Mailing Address:
1353 Palmetto A	Ave, Suite 100	1353	Palmetto Ave, Suite 100
Winter Park, FL	32789	Winte	r Park, FL 32789
•	ompany cannot serve as its own		rou must designate an individual o
nother business entity w	rith an active Florida registration is street address of the registered Aaron Miller	n.) agent are: Name	rou must designate an individual o
nother business entity w	with an active Florida registration a street address of the registered	n.) agent are: Name	
nother business entity w	rith an active Florida registration a street address of the registered Aaron Miller 1353 Palmetto Ave, Suite	n.) agent are: Name	

Having b place des 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)

ARTICLE IV-

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

	anager	
"MGR" = M		
MGR		Aaron Miller
		1353 Palmetto Ave, Suite 100
		Winter Park, FL 32789
		ي ــــــــــــــــــــــــــــــــــــ
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LEV: Effectiv	nent if necessary) we date, if other than the listed, the date must be	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
LEV: Effective date is e of filing.) If the date inse	ve date, if other than the listed, the date must be ented in this block does	to date of filing:
LEV: Effective date is e of filing.) If the date inserument's effecti	ve date, if other than the listed, the date must be ented in this block does	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
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LE V: Effective date is e of filing.) If the date inserument's effection LE VI: Other p	ve date, if other than the listed, the date must be ried in this block does ive date on the Department or visions, if any. SIGNATURE: Signature of This document is elam aware that any	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
LE V: Effective date is e of filing.) If the date inserument's effection LE VI: Other p	ve date, if other than the listed, the date must be ried in this block does ive date on the Department or visions, if any. SIGNATURE: Signature of This document is elam aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. a member or an authorized representative of a member, executed in accordance with section 605,0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)