

L22000063946
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000061759 3)))



H220000617593ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FILE RIGHT LLC
Account Number : F23170000091
Phone : (718) 878-5811
Fax Number : (718) 732-4530

2022 FEB 16 PM 1:32

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 FEB 16 PM 1:09

FILED

FLORIDA LIMITED LIABILITY CO.
MILF ADVANCE DBA MONEY I'D LIKE TO FUND LLC

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

HL

Fax Reference: H22000061759 3

COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT:** MILF ADVANCE DBA MONEY I'D LIKE TO FUND 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:

Name of Person
FILE RIGHT LLC
Firm/Company
5314 16TH AVENUE SUITE 139
Address
BROOKLYN, NY 11204
City/State and Zip Code
sales@fileacorp.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah at (718) 878-5811
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 AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street Address**New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Fax Reference: H22000061759 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MILF ADVANCE DBA MONEY I'D LIKE TO FUND 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:3170 STIRLING RD UNIT A3
HOLLYWOOD FL 33021**Mailing Address:**3170 STIRLING RD UNIT A3
HOLLYWOOD FL 33021**ARTICLE III - Registered Agent, Registered Office, & 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:

SHERIL NUEBORT

Name

3170 STIRLING RD UNIT A3Florida street address (P.O. Box **NOT** acceptable)HOLLYWOOD FL 33021

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

/ s / SHERIL NUEBORT

Registered Agent's Signature (REQUIRED)

2022 FEB 16 PM 1:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

(CONTINUED)

Fax Reference: H22000061759 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR, MGR

Name and Address:

SHERIL NUEBORT

3170 STIRLING RD UNIT A3

HOLLYWOOD FL 33021

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) _____
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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:_____
/s/ SHERIL NUEBORT**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.

SHERIL NUEBORT

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)

FILED
 2022 FEB 16 PM 11:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA