

4/13/22, 3:00 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H22000134817 3)))



H220001348173ABC

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To:

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

From:

Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: kakhakirkitadze@gmail.com

RECEIVED

2022 APR 13 PM 3:38

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA LIMITED LIABILITY CO.

Mimino Restaurant LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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(((H220001348173)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mimino Restaurant LLC

(Must end with 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:114 Plaza Real SBoca Raton, FL 33432Mailing Address:114 Plaza Real SBoca Raton, FL 33432

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:

Ilona Nizharadze

Name

16909 N Bay Rd, Apt 303Florida street address (P.O. Box **NOT** acceptable)Sunny Isles BeachFL33160

City

State

Zip

SECRETARY OF STATE
ALLIANCE, FLORIDA

2022 APR 13 PM 3:01

FILED

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.

/s/ Ilona Nizharadze

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Name and Address:

Ilona Nizharadze

114 Plaza Real S

Boca Raton, FL 33432

AMBR

Mziuri Kirkitadze

114 Plaza Real S

Boca Raton, FL 33432

MGR

Kakha Kirkitadze

114 Plaza Real S

Boca Raton, FL 33432

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL) **FILED**
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after
 the date of filing.) **2022 APR 13 PM 3:01**
DEPARTMENT OF STATE
FILED

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/ Ilona Nizharadze

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.

Ilona Nizharadze

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)