

L22000194176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

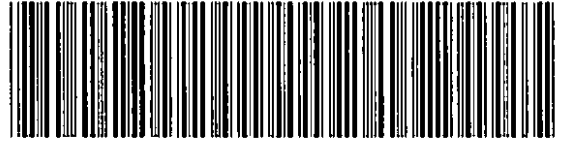
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAY 10 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 MAY 10 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FL

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 5/10/22

**\*\*WALK IN\*\***

ENTITY NAME MIBU LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 155

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Leppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF  
ORGANIZATION OF  
MIBU LLC**

Under 605.0201 of the Florida Revised Limited  
Liability Company Act

**FILED**

**2022 MAY 10 PM 3:57**

**SECRETARY OF STATE  
TALLAHASSEE, FL**

THE UNDERSIGNED, being a natural person of at least eighteen (18) years of age, and acting as the organizer of the limited liability company hereby being formed under Section 605.0201 of the Florida Revised Limited Liability Company Act certifies that:

**ARTICLE I- Name**

The name of the limited liability company is:

**MIBU LLC**

**ARTICLE II – Address**

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office

MIBU LLC

2880 Avian Loop

Kissimmee, FL 34741

Mailing Address

MIBU LLC

2880 Avian Loop

Kissimmee, FL 34741

**ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:**

The name of the Florida street address of the registered agent are:

Misael Fandino

2880 Avian Loop

Kissimmee, FL 34741

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/s Misael Fandino

\_\_\_\_\_  
Registered Agent's Signature

Name: Misael Fandino

**ARTICLE IV**

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

Title

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address

AMBR

W Vision LLC by Yenni Galeano  
3507 33<sup>rd</sup> Street  
Astoria, NY 11106

ARTICLE V – Effective date, if other than the date of filing: \_\_\_\_\_ (Optional).

ARTICLE VI – Other provisions if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature. 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.

s/s Yenni Galeano

\_\_\_\_\_  
By: Yenni Galeano

**FILED**  
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