000131361

(Pea	uestor's Name)	
(Neg	acsions (varie)	
(A.I.I		
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nai	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer	
Special instructions to 1	illing Officer.	
		İ
L		





200401829492

S. CHARTHAM

2023 HAR 22 PM 3: 05

RECEIVED

MD

Please use fuds from this account: I Authorization Signature: Ecogreen Millenium LLC	
Business	Document
Certified Copy of Articles of	Incorporation
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit X _Limited Liability Domestication Other CORP LLLP	AmendmentResignation of R.A. Officer/Director Change of Registered Agent or officeDissolutionMergerConversionAmended and restated ArticlesRevocation of Dissolution
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLECountry	Other

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-5437 (850) 524-6243

TALLAHASSEE, FL 32309

(AMIN1ER'S INITIALS:____

COVER LETTER

	ew Filing Section ivision of Corporation	ns			
CHD IE CT	ECOGREEN MILL	ENIUM LLC			
SUBJECT	•	Name of Li	mited Liabil	ity Company	
The enclos	ed Articles of Organiza	ation and fects) a	re submitted	l for filing.	
	rn all correspondence o			_	
	Sandra Z. Green, Esq			-	
	· · ·		Name of	Person	
	JONATHAN H. GRE	EEN & ASSOCIA	ATES, P.A.		
			Firm/Co	unpany	
	901 Ponce de Leon B	oulevard, Suite 6	10		
	-		Addr	ess	
	Coral Gables, Florida	. 33134			
	,	(City/State an	d Zip Code	
	E-mail ad	dress: (to be used	for future a	nnual report notification	on)
For further i	nformation concerning	this matter, pleas	se call:		
	Sandra Z. Green	3 at (05	372-5100	
	Name of Pers		Area Code	Daytime Telephone	Number
Fuclosed is	a check for the follow	ano amount			
	Filing Fee \$130	0.00 Filing Fee & icate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Sect Division of Cor	ion		Street Address New Filing Section Div The Centre of Tallaha	

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab ECOGREEN MIL						
(Must co	ontain the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")		-	
ARTICLE II - Address: The mailing address and stree	t address of the principal o	office of the Limit	ed Liability Company is:			
<u>Princ</u>	ipal Office Address:		Mailing Addr	ess:		
3850 Kumquat Av Miami, Florida 33			50 Kumquat Avenue ami, Florida 33133		- -	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	iny cannot serve as its own in active Florida registration	Registered Agen on.) dagent are:	i. You must designate an inc	EORE LYKY OF TALLY KASKET	2023 MAR 22 PH	**************************************
	901 Ponce de Leon I			. s	င္မာ	D. 200
	Florida street addres	is (P.O. Box <u>NO I</u>		11	5 0	
	Coral Gables	Florida	33134			
	City	State	Zip			
Having been named as registere olace designated in this certifica further agree to comply with the am familiar with and accept the	nte, I hereby accept the app provisions of all statutes r obligations of my position	pointment as regist relating to the prop as registered agen	ered agent and agree to act er and complete performan	ın ınıs capacııy ce of my dutics	V. 1	

(CONTINUED)

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 MGR	Jorge A. Flores Armenteros 3850 Kumauat Avenue Miami, Florida 33 33	
		
	2023 SEC 1A	
	HAR 22	
(Use attachment if necessary)	က်က နား ကြောက ယ ်	
If an effective date is listed, the date must be specifi he date of filing.)	filing:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Signature of a memb	per or an authorized representative of a member	

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.

SANDRA Z. GREEN, ESO.

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)