La3000207884

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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March 9, 2023

KHAING AYE AYE SOE 232 E HIGHLAND AVE CLERMONT, FL 34711 US

SUBJECT: MINGLAR LLC Ref. Number: W23000032351

We have received your document for and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 523A00005532

KAIN COSTELLO Regulatory Specialist II New Filing Section

www.sunbiz.org

COVER LETTER

	w rung Section vision of Corporations				
SUBJECT	Mingo	ilar			
SOBJECT		ed Liability Company			
The enclose	ed Articles of Organization and fee(s) are st	ubmitted for filing.			
Please retur	n all correspondence concerning this matte	r to the following:			
	Khaing Aye	Aye Soe			
		Name of Person			
	Mine	galar LLC			
		Firm/Company			
	220 E Highlay	ad Ave			
	232 E Highlan	Address			
	Clermont 15-100	ida > 34711		200	
	Clermont 17-100 City aprilmeeinge 28	/State and Zip Code		023 HAR 21	ر در داد داد داد داد داد داد داد داد داد
-				ر ک ز دے۔۔۔۔	- 9 - 1222 - 1222
	E-mail address: (to be used for	future annual report notification	n) . ´	-	, i
For further in	formation concerning this matter, please ca	dl:		AH 10: 5	* ;)
Kr	Name of Person Area	52 , 575 609'): 59	
	Name of Person Area	Code Daytime Telephone	Number		
Enclosed is	a check for the following amount:				
□\$125,00	Certificate of Status	□\$155.00 Filing Fee & Certified Copy additional copy is enclosed)	□\$160.00 Fili Certificate of S Certified Copy (additional copy	Status &	:d)
	Mailing Address	Street Address			
	New Filing Section Division of Corporations	New Filing Section Div The Centre of Tallahas			
	P.O. Box 6327	2415 N. Monroe Stree			
	Tallahassee, FL 32314	Tallahassee, FL 32303	;		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Mingalar. LLC.	
(Must contain the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	mited Liability Company is:
Principal Office Address:	Mailing Address:

r thicipal Office Address.	stannig Audress.			
232 E Highland Ave	232 E Highland Ave			
Clermont > Florida	Clermont officida			
34711	34711			

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:

Khaing A	ye Aye So	e
:	Name	
232 E H	ighland A	vE
Florida street address (P.O. Box <u>NOT</u> acce	eptable)
Clermont	Florida	34711
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 dutistand 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)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Khaing Aye Aye Soe
	232 E Highland Ave
	Clermont, Florida, 34711
	2023 HAR 21
	DA.
(Use attachment if necessary)	
ate of filing.)	e of filing: 04/01/2023 (OPTIONAL) pecific and cannot be more than five business days prior to or the days meet the applicable statutory filing requirements, this date will 40 be list of State's records.
ICLE VI: Other provisions, if any.	410112023
REQUIRED SIGNATURE:	K
This document is executed an aware that any false constitutes a third degree	nember or an authorized representative of a member, atted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817,155, F.S.
	Typed or printed name of signee
	Typed or printed name of signee
	E.B. E.

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)