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Florida Department of State

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LYONS & LYONS, P.A.

Account Number : 120030000061

Phone Fax Number : (239)948-1823 : (239)948-1826

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FLORIDA LIMITED LIABILITY CO. MILANA SHOPPING PLAZA LLC

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ARTICLES OF ORGANIZATION OF MILANA SHOPPING PLAZA LLC

ARTICLE I - NAME

The name of the limited liability company is MILANA SHOPPING PLAZA LLC, (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address: 2827 Shabonne Lane North North Port, Florida 34286

Mailing Address: 2827 Shabonne Lane North North Port, Florida 34286

SECRETARY OF STAT ALLAHASSEE, FLORI 023 JUL || PH 3: 5

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

L&L PARA LTD. CO. 27911 Crown Lake Blvd, Suite 209 Bonita Springs, Florida 34135

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.

L&L PARA LTD. CO.,

a Florida limited liability company

By: Linda Stevens

Its: Manager

ARTICLES OF ORGANIZATION FOR MILANA SHOPPING PLAZA, LLC

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ARTICLE IV - MANAGERS OR MEMBERS

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

<u>Title</u> : "MGR" = Manager "AMBR" = Authorized Member	Name and Address:	2023 JUL	SECRE!
MGR	Leonid Yarotskiy 2827 Shabonne Lane North North Port, Florida 34286	. PH	FILEU TARY OF ST IASSEE, FIG
MGR	Yelena Timoshenko 2827 Shabonne Lane North North Port, Florida 34286	ઝ઼ 5 2	MACE MACE MACE MACE MACE MACE MACE MACE

REQUIRED SIGNATURE:

Signature of a member or an audiorized 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.

Leonid Yarotskiy

Typed or printed name of signee