## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)813-1184 Fax Number : (516)935-3088

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

Email Address: \_\_\_\_cwagner@gevacpa.com

## FLORIDA LIMITED LIABILITY CO.

## Mila Rose Rentals, LLC

Certificate of Status	erimitura en respeter interiorismo de la companyo d
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

H25000010257

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words	se Rentals, LLC
,	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
438 Fox Loop	438 Fox Loop
Davenport, FL 33837	Davenport, FL 33837
ARTICLE III - Registered Agent, Registered	
another business entity with an active Florida re The name and the Florida street address of the r Kousai Ali Khan	registered agent are:
	Name
438 Fox Loop	(P.O. Box NOT acceptable)
	•
Davenport	FL 33837 Zip
City	
the place designated in this certificate, I here capacity. I further agree to comply with the proof my duties, and I am familiar with and acce	accept service of process for the above stated limited liability company at eby accept the appointment as registered agent and agree to act in this rovisions of all statutes relating to the proper and complete performance ept the obligations of my position as registered agent as provided for in Chapter 605, F.S

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(CONTINUED)

H25000010257

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Kousai Ali Khan
	443 Log City Rd
	Amsterdam, NY 12010
AMBR	Kelly Ali Khan
	443 Log City Rd
	Amsterdam, NY 12010
· · · · · · · · · · · · · · · · · · ·	
	***************************************
•	
EV: Effective date, if other than the ective date is listed, the date must if filling.)	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must if filling.)  E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ctive date is listed, the date must if filling.)  E VI: Other provisions, if any.	
E V: Effective date, if other than the ctive date is listed, the date must if filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmat I am aware that any fa	be specific and cannot be more than five business days prior to or 9
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmat I am aware that any fa	Accusas Ali Khan  a member or an authorized representative of a member.  Action 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.  Is information submitted in a document to the Department of State

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