# 1700000517

(Requestor's Name)	-
(Address)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Millennium UPS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Jazsmine A. Lomeli
Name of Person
Millennium UPS LLC
Firm/Company
11251 Sierra Ave. #2E-630
Address
Fontana, CA. 92337
City/State and Zip Code
Jazsmine@millenniumups.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jazsmine Lomeli

Name of Contact Person

Daytime Telephone Number

#### **MAILING ADDRESS:**

**Division of Corporations** Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

Certified Copy

□ \$155.00 Filing Fee & **★** \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUIES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flori	da. The alternate name must melude "Limited Lial	nihty Company," "L.L.C," or "LLC
California		<sub>3.</sub> 45-5332701	
	hich foreign limited liability company is organized)		ser, it applicable)
n/a			
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605 0905, F.S. to determin	egistration ) e penalty liability)	<del></del>
11251 Sierra Ave	9.	<sub>6.</sub> 11251 Sierra Ave.	
(Street Address of	Principal Office)	(Mailing Add	
#2E-630	227	Fontana, CA. 92337	0 -
Fontana, CA. 923	037	Fontana, CA. 92337	75 -
		NOT wells	DIVISION OF CORFORATION
Name and street addre	ss of Florida registered agent: (P.O. Box	NO1 acceptable)	QF.
Name:	Jazsmine A. Lomeli		Cui
Office Address:	4818 River Hills Drive		# 일
	Tampa	, Florida <u>33617</u>	
	(City)	Zip cod	(e)
signated in this application of the comply with the provision.	egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	registered agent and agree to act	l liability company at th in this capacity. I furth
signated in this application comply with the provis	ation, I hereby accept the appointment as ions of all statutes relative to the proper	registered agent and agree to act and complete performance of my	l liability company at th in this capacity. I furth
signated in this applice comply with the provis d accept the obligation The name, title or cap	ition, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's active and address of the person(s) who ha	registered agent and agree to act and complete performance of my	l liability company at th in this capacity. I furth duties, and I am familia
signated in this applice comply with the provis d accept the obligation  The name, title or cap <u>Title or Capacity:</u>	ition, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's sacity and address of the person(s) who han a Name and Address:	registered agent and agree to act and complete performance of my agnature s/have authority to manage is/are:  Title or Capacity:	l liability company at the in this capacity. I furth duties, and I am familia
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signated in this applice comply with the provis d accept the obligation  The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who ha  Name and Address:  Jazsmine Lomeli  11251 Sierra Ave #2E-630	registered agent and agree to act and complete performance of my agnature s/have authority to manage is/are:  Title or Capacity:	Name and Address:  Michael Lomeli  11251 Sierra Ave #26-630
signated in this applice comply with the provis d accept the obligation  The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who ha  Name and Address:  Jazsmine Lomeli  11251 Sierra Ave #2E-630	registered agent and agree to act and complete performance of my agnature s/have authority to manage is/are:  Title or Capacity:	Name and Address:  Michael Lomeli  11251 Sierra Ave #26-630
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signated in this application of the provised accept the obligation.  The name, title or caparity: CEO  Use attachments if neces  Attached is a certificate risdiction under the law	acity and address of the person(s) who ha  Name and Address:  Jazsmine Lomeli  11251 Sierra Ave #2E-630 Fontana, CA. 92337  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat	aregistered agent and agree to act and complete performance of my agenture  s/have authority to manage is/are:  Title or Capacity:  Managing Member  duly authenticated by the official have	Name and Address: Michael Lomeli 11251 Sieria Ave #25-630 Fontana, CA 92337
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Typed or printed name of signee

Jazsmine A. Lomeli

### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: MILLENNIUM UPS LLC

FILE NUMBER:

201207310009

FORMATION DATE:

01/17/2012

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 22, 2017.

ALEX PADILLA Secretary of State