

L21000003508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP

WAIT

MAIL

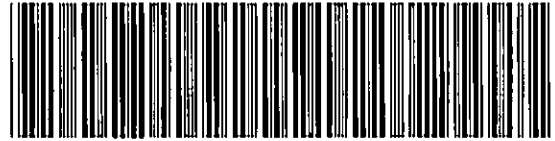
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300357040603

FILED

2021 JAN -7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FL

01/06/21--01001--015 **180.00

FILED
TALLAHASSEE, FLORIDA

2020 JAN -5 PM 3:36

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Millennium Investments of Florida LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LaQuisha Renee Robinson

Name of Person

Millennium Investments of Florida LLC

Firm/Company

719 N. Calhoun Street Unit B

Address

Tallahassee, FL 32303

City/State and Zip Code

millenniuminvestmentspa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Renee Robinson

Name of Person

at 823

Area Code

521-2097

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JAN -7 AM 10:20

January 6, 2021

LAQUISHA RENA ROBINSON
719 N. CALHOUN STREET UNIT B
TALLAHASSEE, FL 32303

SUBJECT: MILLENNIUM INVESTMENTS OF FLORIDA LLC.
Ref. Number: W21000001115

We have received your document for MILLENNIUM INVESTMENTS OF FLORIDA LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 121A00000256

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Millennium Investments of Florida LLC.
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

2021 JAN -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

719 N. Calhoun Street
Unit B
Tallahassee, FL 32303

Mailing Address:

PO Box 23313
Columbia, SC 29224

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:

LaQuisha Rena Robinson
Name

719 N. Calhoun Street, Unit B

Florida street address (P.O. Box NOT acceptable)

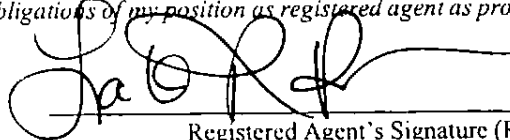
Tallahassee FL 32303

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 duties, and 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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Jessica Alicia Rush
1006 Sayers Drive
Tallahassee, FL 32305

MGR

Toravis Braxell
2373 Whispering Drive NW
Kennesaw, GA 30144

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JAN -7 AM 10:40

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/5/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.

LaQuisha Rera Robinson

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)