

2/8/24, 8:55 AM

L24000067972Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : KOONTZ & ASSOCIATES, PL
Account Number : I20220000183
Phone : (941)225-2615
Fax Number : (941)951-2618

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

Email Address: JOANNE@KOONTZASSOCIATES.COM

FLORIDA LIMITED LIABILITY CO.
MLEdwards, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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COVER LETTER

TO: New Filing Section
Division of Corporations

RE: EDWARDS, LLC
SUBJECT: Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JO ANN M. KOONTZ, ESQ.

Name of Person

KOONTZ & ASSOCIATES, PC

Firm Company

1613 FROSTVILLE RD

Address

SARASOTA, FL 34236

City-State and Zip Code

JOANN@KOONTZASSOCIATES.COM

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

For further information concerning this matter, please call:

JO ANN M. KOONTZ

941

225-2613

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$512.00 Filing Fee

\$512.00 Filing Fee &
Certificate of Status

\$512.00 Filing Fee &
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(additional copy is enclosed)

\$512.00 Filing Fee
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6127
Tallahassee, FL 32311

Street Address

New Filing Section Division
The Center of Tallahassee
2145 N. Monroe Street, Suite 810
Tallahassee, FL 32302

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2024 FEB -8 PM 6:44

DocuSign Envelope ID: 487D5A85-3F94-432C-9A77-714F04876C04

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ARTICLE OF ORGANIZATION FOR FOREIGN LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MILYV ARDS LLC

(Must conform to the words "Limited Liability Company," "LLC," "L.P." or "L.P.C.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:3373 HADFIELD GREENE
SARASOTA, FL 342353373 HADFIELD GREENE
SARASOTA, FL 34235**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 an other business entity with an active Florida registration.)

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

JO ANN M. ECKHARTZ

Name

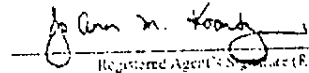
1013 ERLHILL RD.Florida street address (P.O. Box NOT acceptable)SARASOTAFL34236

City

State

Zip

Having been named as registered agent and in receipt 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 further wiling 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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