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(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:

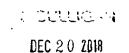




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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MILLER-GREEN LIMITED PARTN	ERSHIP	
Name of Foreign Limited Parts	nership or Limited I	Liability Limited Partnership
The enclosed application, certificate of status and for partnership to transact business in Florida. Please return all correspondence concerning this ma		register a foreign limited partnership or limited liability limited
CHRISTINE FRIES		
Contact Person		-
CPA ASSOCIATES LLP		
Firm/Company	 -	-
2646 SW MAPP RD STE 203		
Address		-
PALM CITY FL 34990		
City, State and Zip Code		-
QGREEN@MILLERGREENLP.COM		
E-mail address: (to be used for future annual repor	rt notification)	-
For further information concerning this matter, please	se call:	
CHRISTINE FRIES	772	772-288-3797
Name of Contact Person	Area Code ar	nd Daytime Telephone Number
Enclosed is a check for the following amount:		
S1,000.00 Filing Fees (\$965 Filing Fee and S35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	\$1,052,50 Fili and Certified	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADD Registration Secti Division of Corpo P. O. Box 6327 Tallahassee, FL 3	on prations



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 4, 2018

CHRISTINE FRIES CPA ASSOCIATES LLP 2646 SW MAPP RD STE 203 PALM CITY, FL 34990

SUBJECT: MILLER-GREEN LIMITED PARTNERSHIP

Ref. Number: W18000104425

We MILLER-GREEN have received your document for LIMITED PARTNERSHIP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed is corrected: application for G.P. Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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 II

Letter Number: 118A00024758

www.sunbiz.org

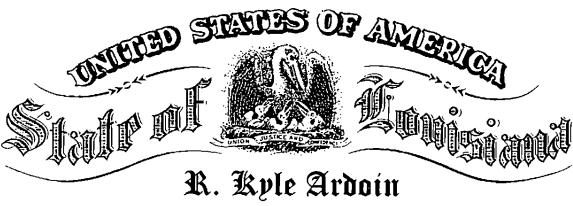
APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

MILLER-GREEN LIMITED PARTNERSHIP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida: must contain acceptable suffix. 3. 11/10/1999 , LOUISIANA State or Country of Formation Date of Formation 4. Federal Employer Identification Number: 72-1458837 5. Name of Registered Agent for Service of Process and Florida Street Address: QUENTIN L GREEN, II 1900 BRUMBLE RD CHULUOTA FL 32766 6. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 1900 BRUMBLE RD 1900 BRUMBLE RD CHULUOTA FL 32766 CHULUOTA FL 32766 9. If limited partnership is a limited liability limited partnership, check box. 10. Name, principal office address, and mailing address of each general partner:

| MMG MANAGEMENT CORP. | MM GREEN MANAGEMENT CORP. | Name of General Partner: Name of General Partner: 1900 BRUMBLE RD Street Address: __ Street Address: __ CHULUOTA FL 32766 Mailing Address:___ _____ Mailing Address:___ Name of General Partner:_______ Name of General Partner:______ Street Address: _____ Street Address: _____ Mailing Address: _____ Mailing Address: _____

Name of General Partner:	Name of General Partner:			
Street Address:	Street Address:			
Mailing Address:	Mailing Address:			
11. Effective date, if other than the date of filing:	after the date this document is filed by the applicable statutory filing requirements, thi	Florida Department of State.) is date will not be listed as the		
2. Attached is a certificate of existence duly authenticate florida Department of State, by the Secretary of State or the law of which it is organized.	ed, not more than 90 days prior to the delive other official having custody of the entity's	ery of this application to the records in the jurisdiction under		
Signed this 19TH day of NOVEMBE Signed this day of Signed this document affirms that the fac ubmitted in a document to the Department of State constitution.	enature of a general partner ts stated herein are true and the individual is	QUENTIN L GREEN, II, PRESIDENT OF MMG MANAGEMENT CORP., GEN'L PTR s aware that false information in s 817 155 F S		
Filing Fees: Certified Copy (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50			
Certificate of Status (optional):	\$8.75 Page 2 of 2	FILED 2018 DEC 13 PM 2: 49 SECRETARY OF SIMILAHASSEE, FLORED		



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

MILLER-GREEN LIMITED PARTNERSHIP

A/An LOUISIANA Partnership whose principal place of business is LAFAYETTE, LOUISIANA,

Filed partnership documents and registered to do business in this State on November 10, 1999.

I further certify that no certificate of termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 19, 2018

R 12fe No.
Secretary of State

Web 34858821J



Certificate ID: 11015570#RWM73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov