OZ DEC 30 ANIO: 64

LOD 000035176

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<i>≆ #</i>)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

1:1

Office Use Only



900009550489

02 DEC 30 PH 2: 23 RECEIVED

DIVISION OF COST GRAFION



REFERENCE: 849857 7359811 AUTHORIZATION : COST LIMIT : \$ 125.00 00 ORDER DATE: December 30, 2002 = ORDER TIME : 12:35 PM ORDER NO. : 849857-001 CUSTOMER NO: 7359811 CUSTOMER: Mr. Robert Miller Mr. Robert Miller C/o True Title Agency, Inc. 19980 Overseas Highway Sugarloaf Key, FL 33042 DOMESTIC FILING SL MILLER GROUP, LLC NAME: EFFECTIVE DATE: = _ ARTICLES OF INCORPORATION 🍧 CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS:

ACCOUNT NO. : 072100000032

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		any is:		
SL MILLER GROUP,	LLC	Ξ	=	<u>-</u>
ARTICLE II - Add The mailing address		the principal office of	f the Limited Lia	bility Company is:
720 Sand Dollar	Drive, Big Pine D	Key, Florida 3304	3	
ARTICLE III - Reg	istered Agent, Regi	stered Office, & Reg	istered Agent's	Signature:
The name and the Flo	orida street address o	of the registered agent	are:	02 DEC 3.) SECALAMASSE
Corporation Service Company			<u> </u>	
-	Name			
		201_Hays Street		
	· · · · · · · · · · · · · · · · · · ·	address (P.O. Box NOT a	icceptable)	n E
	Tallahas	see <u> </u>	32301 _	CO STATE
		City, State, and Zip		St. F
	s of my position as r Corporation Serv By:	ete performance of my egistered agent as province ice Company La Ala gistered Agent's Signature	vided for in Chap	
(An	additional article m	ust be added if an effe	ctive date is requ	ested)
		wan 10. Skip	per	
	Signature of a member	or an authorized représe	entative of a member	er.
	(In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida S itutes an affirmation under ein are true.)	tatutes, the execution the penalties of perj	n ury
		eborah D. Skipper ed or printed name of sign	ee	— '÷
	\$ 25.00 Designa \$ 30.00 Certifie	Filing Fees: Gee for Articles of Organition of Registered Agent d Copy (Optional) ate of Status (Optional)		

MANAGING MEMBERS OF: SL MILLER GROUP, LLC

Robert Miller 720 Sand Dollar Drive Big Pine Key, FL 33043

Sheryl Pugh 720 Sand Dollar Drive Big Pine Key, FL 33043

SECTIFICATION STATE

FAX:850 5211010

.⊠002 PAGE 2/ 2

LIMITED POWER OF ATTORNEY

ID:CSC TALLAHASSEF

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SL MILLER GROUP, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this

Signature

Print Name of Signer

WITNESS:

Signature

- gran

DIRITATION

CYNTHIA L. MARLAND

Print Name of Witness