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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Vance Millines LLC (Name of Limited Liability Company)		
(Name of Diffico Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Vance Millines		
(Name of Person)		
(Firm/Company)		
12341 Highway 90		
(Address)		
Hold. Fl 32564		
(City/State and Zip Code)		
For Godden in Compation, concerning this resultant places on the		
For further information concerning this matter, please call:		
Vance 111111NS at 850, 626-0406		
(Name of Person) (Area Code & Daytime Telephone Number)		
or Cindy Millius		
•		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Vance Millines LLC		
Article II - Address: The mailing address and street address of the princ	ciple office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
12341 Highway 90	<u> </u>	
tolt, Florida 32564	Jame	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the regi	stered agent are:	
Vance Mil	Ines FILED	
12341 Highwo	ay 90	
Holf, Fl 32	564	

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 608, F.S..

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)