

L040000000466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

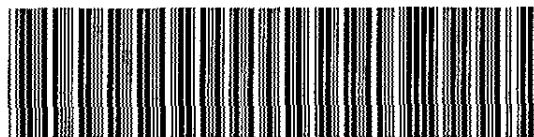
(Document Number)

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01/05/04--01015--021 \*\*160.00

RECEIVED

04 JAN -5 AM 10:55

OFFICE OF THE STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

04 JAN -5 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 1-5-04 Kelly

FILED  
JAN 25  
PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ CERTIFIED COPY

☒ CUS GS

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1.) mk m LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS**

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
04 JAN -5 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

mkM, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2713 Lucerne Dr.  
Tallahassee, FL 32303

**Mailing Address:**

~~same~~ 2713 Lucerne Dr.  
Tallahassee, FL 32303

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Cindy Miller  
Name

2713 Lucerne Dr.

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

Tallahassee FLORIDA 32303  
City, State, and 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 608, Florida Statutes..*

Cindy Miller  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

m6rm

Robert A. Miller, Sr.

2713 Lucerne Dr.

Tallahassee, FL 32303

m6rm

Cindy Miller

2713 Lucerne Dr.

Tallahassee, FL 32303

m6rm

Khalid Khan

15850 Sanctuary Dr.

Tampa, FL 33647

m6rm

Shannon M. Khan

15850 Sanctuary Dr.

Tampa, FL 33647

(Use attachment if necessary)

m6rm

Robert Andrew Miller, Jr.

2713 Lucerne Dr.

Tallahassee, FL 32303

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Cindy Miller

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Cindy Miller

Typed or printed name of signee

**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)