

L04000004533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

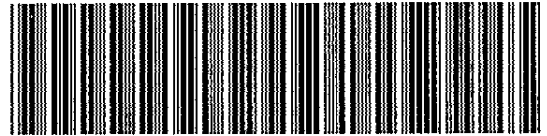
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Drew Miller
228-7876
Call when
filed

Office Use Only



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01/16/04--01010--012 **125.00

BK

DEPT. OF
DIVISION OF
TALLAHASSEE, FLORIDA

04 JAN 16 AM 10:49

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 16 PM 2:31

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miller's Tree Service, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Andrew Miller, Jr.
(Name of Person)

Miller's Tree Service, LLC
(Firm/Company)

2713 Lucerne Drive
(Address)

Tallahassee, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Andrew Miller, Jr. at (850) 228-7876
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED
JAN 16 PM 2:31
TALLAHASSEE, FLORIDA

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

FILED
04 JAN 16 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miller's Tree Service, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2713 Lucerne Drive

Same

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:

Robert Andrew Miller, Jr.

Name

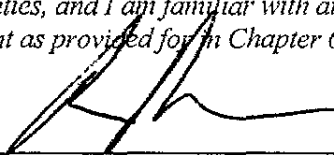
2713 Lucerne Drive

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..



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

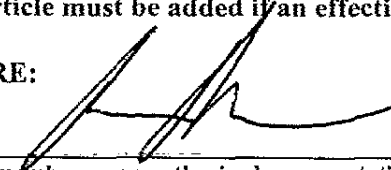
Name and Address:

<u>MGR</u>	<u>Robert Andrew Miller, Jr.</u> <u>2713 Lucerne Drive</u> <u>Tallahassee, FL 32303</u>
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(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.

(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.)

Robert Andrew Miller, Jr.

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)