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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : KOCH & COMPANY, CPAS, P.A.  
Account Number : I19990000002  
Phone : (941) 637-0544  
Fax Number : (941) 637-9693

**LIMITED LIABILITY COMPANY**

**MILLER SERVICES & SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

APPROVED  
AND  
FILED  
04 MAR 17 PM 6:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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04 MAR 17 AM 9:06  
DIVISION OF CORPORATION

3-17-04

Mar. 17. 2004 8:40AM

No. 8213 P. 2  
(((H04000057038 3)))

**ARTICLES OF ORGANIZATION  
OF  
MILLER SERVICES & SOLUTIONS, LLC**

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is **MILLER SERVICES & SOLUTIONS, LLC**, (hereinafter, "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The street address of the principal office of this Limited Liability Company shall be:  
**4279 Rifkin Avenue, North Port, FL 34286**

**ARTICLE 3 - MEMBERS**

The managing member of this Limited Liability Company shall be:  
**Steven F. Miller**

**ARTICLE 4 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is  
**4279 Rifkin Avenue, North Port, FL 34286**

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

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.

By: *Steven F. Miller*  
Steven F. Miller, Registered Agent

By: *Steven F. Miller*  
Steven F. Miller, Organizing Member

State of Florida  
County of Charlotte

The foregoing instrument was acknowledged before me this 16 day of March, 2004, by  
Michael D. Lowe

Personally Known        OR Produced Identification X  
Type of Identification Produced FL Drivers License

*Michael D. Lowe*  
Notary Signature



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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