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04 MAY -3 PM 4: 19 DIVISION OF CORPERATION

> SECRETARY OF STAT TALLAHASSEE, FLORI

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Miller Recore (Nam	ne of Limited Liability Company)	<u> </u>
The enclosed Articles of Organization and fo	ee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Michael A. Miller (Name of Person)	· · · · · · · · · · · · · · · · · · ·	SECRETARY I
(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	TARY OF STATE
9114 Miccosuker R. (Address)	cad	₽ "
9114 Miccosuker R. (Address) Tallahasser FL 3: (City/State and Zip	2309 (Code)	
For further information concerning this matt	er, please call:	
(Name of Person)	at () (Area Code & Daytime Telephone Number)	<u>.</u>
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ZOO4 MAY SECRETALLAHA	
Miller Records LLC	SSA I F	
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
9114 Miccosuker Road Tallahasser F.Z	Same	
ARTICLE III - Registered Agent, Registered Offic	e, & Registered Agent's Signature:	

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

Michael Miller

Name

9114 Miccoscikee Road

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

Tallahassee FL 32309

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, F.S..

Micsell a - Miller Registered Agent's Signature

(CONTINUED)

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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:			
MGR	Michael A. Miller 9114 Miccosukee Road Tallahassee FL 32309			
MGRM	Timmika Miller 14302 S.W 110 Ave Migmi FL 33176			
MGRM	Tanisha Smith 9114 Miccosykee Raad Tallahassee F.L. 32309			
MGRM	Donnell Davis 1505 V Chaires Road Tallahassee 532317			
(Use attachment if necessary) NOTE: An additional article must be	Yronne Whitehead 9114 Miccosukec Road Tallahassec Fu 32309 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.)				
Michael A. Type	d 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)			