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2004 SEP 13 P 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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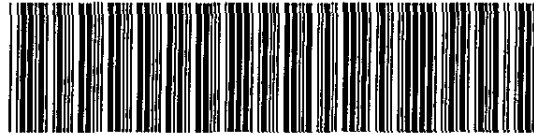
(Business Entity Name)

(Document Number)

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SUBJECT:

Dave Miller Real Estate Solutions LLC

(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

David A Miller

(Name of Person)

Dave Miller Real Estate Solutions LLC

(Firm/Company)

3401 6TH ST.

(Address)

ELIZON, FL 32033

(City/State and Zip Code)

For further information concerning this matter, please call:

David Miller

(Name of Person)

at

904 824 6354

(Area Code & Daytime Telephone Number)

Cell 806 4024

or 829 3390

(904 = area code)

**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

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FLORIDA LIMITED LIABILITY COMPANY 2004 SEP 13 P 12:44

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dave Miller Real Estate Solution LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

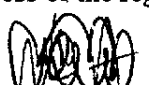
3401 6th St.  
ELTON FL, 32033

**Mailing Address:**

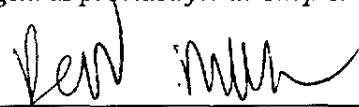
3401 6th St.  
ELTON FL, 32033

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

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

 - David Miller  
Name  
3401 6th St.  
Florida street address (P.O. Box **NOT** acceptable)  
ELTON FLORIDA, 32033  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

David Miller  
3401 6th St  
ELKTON, FL 32033

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

David 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.)

David 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)

only