L04000078658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

LAW OFFICES
KEVAN D. ACORD, P.A.
15700 COLLEGE BOULEVARD, SUITE 100
LENEXA, KANSAS 66219-1373
(913) 492-6008
(913) 492-7953 - FAX

October 25, 2004

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Miller Rentals, LLC

Dear Sirs:

Please file the attached facsimile copy of the Articles of Organization for Miller Rentals, LLC as well as a check to cover the $125.00 filing fee. Please mail a stamped copy of the filed documents or any other correspondence to me at the address above.

Please call me if you have any questions.

Sincerely,

Marc A. Russell

Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miller Rentals, 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:

Kevan D. Acord
(Name of Person)

Kevan D. Acord, P.A.
(Firm/Company)

15700 College Blvd., Suite 100
(Address)

Lenexa, Kansas 66219
(City/State and Zip Code)

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For further information concerning this matter, please call:

Kevan Acord at (913) 492-6008
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☑ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Miller Rentals, 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:**
220 Seaview Court, Penthouse A	3000 East County Road 400 North
Marco Island, Florida 34145	Muncie, IN 47303

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

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

Stephen Miller
Name

220 Seaview Court, Penthouse A
Florida street address (P.O. Box NOT acceptable)

Marco Island FL 34145
City, State, and Zip

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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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	STEPHEN MILLER 300 EAST COUNTY ROAD 400 NORTH MUNCIE, IN 47303

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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.)

STEPHEN MILLER
Typed or printed name of signer

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)