# L050000011353

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Duránas Faliki Nama)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





400045297294

##125.00 \*\*125.00

HILED 05 JAN 26 PM 3: 14 SECNOTAL STABLE ALLAMASSEE ELLAMAS

Myson

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ENCLOSE U. RI (Name of Li	TE LLC imited Liability Company)	
The enclosed Articles of Organization and fee(s) are Please return all correspondence concerning this ma		
ROBERT V. MILLER (Name of Person)		
Erclose U.RITE (Firm/Company)	4Ld_	
2103 JUNIPER DRI	.VE	SEC
EDGEWATER F. (City/State and Zip Code)	3214]	MN 26 PP
For further information concerning this matter, plea	ase call:	PH 3:
Mary Lee Cook Inc. 222 W. Ariel Rd. Edgewater, FL 32141 5940476074pn)	at ( <u>386</u> ) <u>345 – 31193</u> (Area Code & Daytime Telephone Number)	RIDA -
Enclosed is a check for the following amount:		
\$125.00 Filing Fee  \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy Certificate of Statu Certified Copy (additional copy is encl	s &
STREET ADDRESS:	MAILING ADDRESS:	

Registration Section Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Registration Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

hhd ENCLUSE

### ARTICLE II - Address:

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

Principal Office Address:

**Mailing Address:** 

2103 JUNIPER D

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

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

203 JUNIPER DRIVE Florida street address (P.O. Box NOT acceptable)

EDGEWATER FL 32141
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..

(CONTINUED)

ARTICLE IV- Manager(s) or Man The name and address of each Mana	naging Member(s): ger or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ROBERT V. MILLER 2103 TURIPER PRIVE EDGE WATER FL 3214
m G-R M	RAY MOND D. MILLER 2103 JUNIDER DRIVE EDGE WATER FI 3214
1984 - 19	
(Use attachment if necessary)	-
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
Hobert	V Miller
Signature of a mem	iber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury herein are true.)
TROBERT	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)