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SECRETARY OF STATE FALLAHASSEE, FLORIDA

My /22/C



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: TERRY MILLER CERTIFIED TILE 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:
TERENCE L. MILLER
(Name of Person)
TERRY MILLER CERTIFIED TILE (Firm/Company)
(Film Company)
3382 TRIVITY ST
(Address)
NORTH PORT FL. 34286
For further information concerning this matter, please call:
100 harder information concerning this matter, prease can:
Torey MILLER at 941 268 4097 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$125.00 Filing Fee & □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$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:	
TERRY MILLER CLERTIS	TO THE LLC
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address: Ma	ailing Address:
3382 TRINITY ST NORTH POST FL. 34286	J38Z TRINITY ST NOFTH PORT FL. 34286
ARTICLE III - Registered Agent, Registered Offi	ice, & Registered Agent's Signature:
The name and the Florida street address of the regist	ered agent are:
TERRY MILLER Name	
3382 TRIWITY Florida street address (	(P.O. Box NOT acceptable)
WOZTH 7627 FL City, State, and Zi	34286
Having been named as registered agent and to accept liability company at the place designated in this corregistered agent and agree to act in this capacity. If statutes relating to the proper and complete perform accept the obligations of my position as registered.	ertificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and

(CONTINUED)

Registered Agent's Signature

itle:	-	Name and Address:
MGR" = Manag	ger	
	naging Member	
MEZM		TERRICE L MILLER
	<del></del>	338Z TRIWITY ST.
		UNERY 8027 Ft 34286
<del></del>	<u> </u>	
•		
se attachment	if necessary)	
OTE: An add	litional article must be	e added if an effective date is requested.
	CANALLY WITH THE TOTAL PROPERTY.	•
	GNATURE:	
EQUIRED SI		
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EQUIRED SI	Signature of a member of	or an authorized representative of a member.
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Filing Fees \$125.00 Filing of Rep	(In accordance with section of this document constitute that the facts stated here.  TEREX.  Type:	on 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury lein are true.)    Miles   M