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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

P 2: 21

TO: Registration Section Division of Corporations	.ED
SUBJECT: FAMILY TRUST ADVISORS, LLC 2835 667 1 (Name of Limited Liability Company)	3 P 2:
TALL All As S  The enclosed Articles of Organization and fee(s) are submitted for filing.	FE, FLOR
Please return all correspondence concerning this matter to the following:	
LAWRENCE E. MILLER (Name of Person)	
FAMILY TRUST ADVISORS, LLC	
18402 LAKE BEND DRIVE (Address)	
JUPITER FL 33458	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LAWRENCE E. MILLER at 561, 575-3191 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\bigcup \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 OCT 13 P 2: 20

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

MALLANASSES FLORIDA

FAMILY TRUST ADVISORS, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:** 

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

rincipal Office Address:	Mailing Address:
3402 LAKE BEND DR.	18402 LAKE BEND DR.
UPITER, FL 33458	JUPITER, FL 33458

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MURRAY J. MILLER

Name

2381 BURNWAY ROAD

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

GRENELEFE FL 33844

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

	ger(s) or Managing Member(s): of each Manager or Managing Member is as follows:	
	or each manager or managing memoer to as ronows.	
Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing	Member	in mi 13 P 2:2
MERM	LAWRENCE E. MILLER	LLAMASSES, FLORID
	JUPITER FL 33458	2
MGR	F A. Muser	<del>)</del>
<u> </u>	18402 LAKE BEAD D	R
	JUPITER, FL 33458	
		<del></del>
(Use attachment if nece	essary)	
ARTICLE V: Effective date, if	f other than the date of filing:	(OPTIONAL)
(If an effective date is listed, th	e date must be specific and cannot be more than five	
to or 90 days after the date of t	tiling.)	
REQUIRED SIGNAT	TIDE.	
REQUIRED SIGNAL	1	
•	Grand > - Max	
	ture of a member or an authorized representative of a memb	per.
of this	cordance with section 608.408(3), Florida Statutes, the execution s document constitutes an affirmation under the penalties of perjude	
	the facts stated herein are true.)  AWRENCE E. MILLER	
	AWRENCE E. MILLER Typed or printed name of signee	
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)