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ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporation		· · · · · · ·	
SUBJECT:	n Co. Managar Name of Limited	MINT LLC Liability Company)	
The enclosed Articles of O	organization and fee(s) are sul	bmitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
Thomas	Nathaniel	Miller JR.	
Miller C	o. Manage Men	Firm/Company)	
1993	50 NW 3rd	(Address)	
Miami 1	1 33169		
•	(City/S	State and Zip Code)	
For further information con	ncerning this matter, please co	aii:	
Thomas I	TilleR. Person)	at (Dlo5 phone Number)
Enclosed is a check for t	the following amount:		
□ \$125.00 Filing Fee	S130.00 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Miller Co. Management 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:
Principal Office Address: Mailing Address:
19930 NW 3rd Ove 19930 NW 3rd Que
33169 35169
(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:
Name 19950 NN 3nd QUE SEE TO
Florida street address (P.O. Box NOT acceptable)
Miani FL 33169
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)

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

	= Manager	Name and Address:		
MGRM MGR	" = Managing Member	Thomas Miller Ir. 19930 NW and ove () Mia, 71 33169		
	,			=
	achment if necessary)			•
(If an effective of prior to or 90 da	date is listed, the date must b ays after the date of filing.)	ate of filing: (OP especific and cannot be more than five I	HONAL) ousiness d	lays
REQUI	RED SIGNATURE: Signature of a member of	r an authorized representative of a member	05 DEC	1
	that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjurying in are true.)	19 PH 2: 39	ー ロ フ
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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)