(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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## COVER LETTER

Registration Section
Division of Corporations

· TO:

SUBJECT: Prime	Meridian Propertie	es, LLC	
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are st	ubmitted for filing.	
Please return all correspondent	ondence concerning this matte	r to the following:	
Danny Mi	ller		
		Name of Person)	
			<del>1</del>
	(	Firm/Company)	<b>67</b>
1600 Rev	ynolds Rd		AH,
		(Address)	ARY SSI
Quincy I	FL 32351		mo 3 [
<del>Quinoy, .</del>		/State and Zip Code)	STATE ORIE
			D A
For further information	concerning this matter, please	call:	
Danny Miller		at ( 850 ) 627-22	94
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ńs

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability C	Company is:			
Prime Meridian Properties, LLC				
(Must end with the words "Limited Liability Co	ompany, "Limited Company" or their abbreviation "LL	.C," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited	Liability Company is:		
Principal Office Address:	Mailing Address:	Mailing Address:  1600 Reynolds Rd Quincy, FL 32351		
1600 Reynolds Rd	1600 Reynolds Rd			
Quincy, FL 32351	Quincy, FL 32351			
business entity with an active Florida registration.  The name and the Florida street add  Danny R Miller	ress of the registered agent are:	07 FEB -2 SECRETARY TALLAHASS		
1600 Reynolds Rd		<u> </u>		
	orida street address (P.O. Box NOT acceptable)			
Quincy	FL 32351 City, State, and Zip	I:30		
liability company at the place de registered agent and agree to act in statutes relating to the proper and	gent and to accept service of process for the signated in this certificate, I hereby accept this capacity. I further agree to comply we complete performance of my duties, and I dition as registered agent as provided for in	he above stated limited t the appointment as ith the provisions of all am familiar with and		

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Danny R Miller 1600 Reynolds Quincy, FL 32351 **MBR** Christopher B Morris 113 W Franklin Quincy, FL 32351 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: POPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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.)

Danny R 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)