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**EXAMINER** 



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Miller Mackenzie LLC	
00201		ited Liability Company)
The en	closed Articles of Organization and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this ma	atter to the following:
	John R Mackenzie Jr	
		(Name of Person)
	Miller Mackenzie LLC	
,		(Firm/Company)
	3701 SW Boat Ramp Aven	ue
•		(Address)
	Palm City, Florida 34990	
•	(C	ity/State and Zip Code)
For fur	ther information concerning this matter, pleas	se call:
Johr	n R Mackenzie Jr	at ( 772 ) 708 6047
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a check for the following amount:	
<b>X</b> \$125.0	00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	:	
Miller Mackenzie LLC		
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		_
The mailing address and street address of the p	rincipal office of the Limited Liabilit	y Company is:
Principal Office Address	Moiling Address.	
Principal Office Address:	Mailing Address:	
3701 SW Boat Ramp Avenue	3701 SW Boat Ramp Avenue	
Palm City, Florida 34990	Palm City, Florida 34990	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)		
business entity with an active Florida registration.)		<b>8</b> 0 ≤ SE
The name and the Florida street address of the registered agent are:		SECRET VISION (
Jack W Miller		18 PF (AR
Name		S~F
2045 OF OT Lucia D	المراجعة	AH IO: 50
2045 SE ST Lucie Blvd		
Florida street address (P.O. Box NOT acceptable)		<b>50</b>
Stuart, FL 34996	FL	ange Mary
C!+- C+-+-	\	
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

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	nber
MGR	John R Mackenzie Jr
	4071 SW Birnini Circle N
	Palm City, Florida 34990
MGRM	Jack W Miller
	2045 SE ST Lucie Blvd
	Stuart, FL 34996
	<del></del>
(Use attachment if necessar	y) .
TFV. Effective date if oth	er than the date of filing: 3/18/2008 . (OPTIONAL)
	te must be specific and cannot be more than five business days prio
days after the date of filing	
REQUIRED SIGNATUR	E: _
Signiture	of a member or an authorized representative of a member.
of this doc	unce with section 608.408(3), Florida Statutes, the execution under the penalties of perjury acts stated herein are true.)

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)

John R Mackenzie Jr

Typed or printed name of signee