

W800060993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

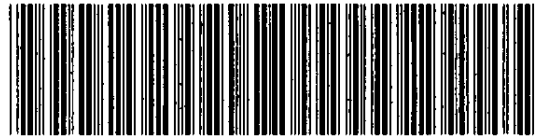
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TALLAHASSEE, FLORIDA

6/23/08

DAVID J. SIMMONS CO.,
A Legal Professional Association

DAVID J. SIMMONS, J.D., M. TAX, L.L.M. (ESTATE PLANNING)
BOARD CERTIFIED WILLS, TRUSTS & ESTATES
FELLOW AMERICAN COLLEGE OF TRUST AND ESTATE COUNSEL
MEMBER OF OHIO AND FLORIDA BARS

PHONE: 330.499.8899

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E-MAIL: dsimmons@djsestatelaw.com

June 17, 2008

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Millie, LLC

Dear Sir or Madam:

Enclosed please find Articles of Organization for Florida Limited Liability Company, Millie, LLC, executed by Linda S. Osborne, Registered Agent. Please file the Articles and return a certified copy to the undersigned in the envelope provided. Our firm's check in the amount of \$155.00 is enclosed.

Very truly yours,



David J. Simmons

DJS:mmm
Enclosures

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Millie, 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:

315 Dunes Avenue

Apt. 907

Naples FL 34110

Mailing Address:

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:

Linda S. Osborne

Name

315 Dunes Avenue, Apt. 907

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

Naples

FL 34110

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)

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TALLAHASSEE FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Linda S. Osborne, Co-TTEE, Linda S. Osborne Rev. Trust

315 Dunes Avenue, Apt. 907

Naples FL 34110

MGRM

Harry A. Osborne, Co-TTEE, Harry A. Osborne Rev. Trust

315 Dunes Avenue, Apt. 907

Naples FL 34110

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

Linda S. Osborne

Typed or printed name of signer

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)

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