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2009 JAN 22 AM ID: 14
SECRETARY OF STATE

T. CLINE

JAN 23 2009

EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: MILLARO PROPERTIES, LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL D. MILLARD (Name of Person)
MILLARO PROPERTIES, LLC (Firm/Company)
·
PALM BEACH GARDENS, FL. 33410 (City/State and Zip Code)
(Chy/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL D. MILLARD at 561 624-9599 ARE (Name of Person) (Area Code & Daytime Telephone Number) SE 22 Enclosed is a check for the following amount:
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
MILLARD PROPERTIE	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin		
Principal Office Address:	Mailing Address:	
2606 MONACO TERRACE PALM BEACH GARDENS, FL. 33410	SAME	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the remainder of the Policy Register of the Pol	red Agent. You must designate an ind gistered agent are:	
PALM BEACH GARRING City, State, an	FL 33410 d Zip	AMIO: I
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perjaccept the obligations of my position as registed.	is certificate, I hereby accept I further agree to comply wi formance of my duties, and I i ered agent as provided for in	ne above stated limited the appointment as ith the provisions of all am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	MICHAEL D. MILLARD 2606 MONACO TERRACE PALM BEACH GARRIS, FL. 33410
MGRM	DONNA B. MILLARD 2606 MONACO TERRACE PALM BEACH GARRERS, FL. 33410
MGR	CHRISTOPHER M. MILLARD 2606 MONACO TERRACE PALM BEACH GARRONS, FC. 33410
<u></u>	
(Use attachment if necessary)	
	be specific and cannot be more than five business days prior
<u>required</u> signature: Mix	ETARY OF STATE HASSEE, FLORIDA
	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
MICH	ACL P. MILLARD
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)