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T. CLINE MAY 1 5 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: HAMILTON + MILLS AUTOS, 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:
Fredericka Hamilton
HAMILTON + MILLS AUTOS, LLC (Firm/Company)
1214 Richview Road
Tallahassee, FL 32301 (City/State and Zip Code)
For further information concerning this matter, please call:
Fredericka Hamilton at (850) 933-5844 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\text{\$\text{\$155.00 Filing Fee & }\text{\$\text{\$\$}}\$\$ \$\$ \$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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Fredericka Hamilton 5294 Giron Circle Kissimmel, FL 34758	Fredericka Hamilton 1214 Richview Road Tallahassee, FL 32301
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 ready Sugar Name 327 office Pl Florida street address City, State, and Street address City, State, and Street address of the ready street address of	<u>AZA Dr.</u> #108 ress (P.O. Box <u>NOT</u> acceptable)
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per accept the obligations of my position as regist.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of a formance of my duties, and I am familtar with and tered agent as provided for in Chapter 608, F.S.

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Fredericka Hamilton 1214 Richview Road Tallahassel, FL 32301
MGRM	Jerry Mills 2855 Taylor Hill Drive Jackson Wile, FL 3222
fective date is listed, the date must days after the date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business da
fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Helder	
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document consthat the facts stated the facts stated the facts stated.	be specific and cannot be more than five business day CKaHamulton Der or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury