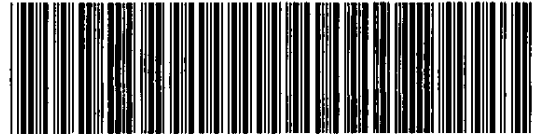


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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61837-011

T. HAMPTON

OCT 28 2010

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: J. B. Miller Electric of Florida, 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:

J. B. Miller  
Name of Person

J. B. Miller Electric of Florida, LLC  
Firm/Company

P. O. Box 1579  
Address

Keystone Heights, FL 32656-1579  
City/State and Zip Code

jbmillelec@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. B. Miller at ( 352 ) 473-0022  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

10 OCT 27 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 22, 2010

J B MILLER  
P O BOX 1579  
KEYSTONE HEIGHTS, FL 32656-1579

SUBJECT: J.B. MILLER ELECTRIC OF FLORIDA, LLC  
Ref. Number: W10000049819

We have received your document for J.B. MILLER ELECTRIC OF FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 510A00025016

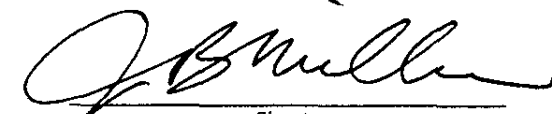
**STATE OF FLORIDA  
COUNTY OF CLAY**

**AFFIDAVIT OF J. B. MILLER**

**COMES NOW, J. B. Miller**, who first being duly sworn deposes  
and says:

My name is J. B. Miller and I am the individual listed on the company  
listed as: J. B. Miller Electric Company, Inc.

I am releasing this name to be used as the registered Agent/Manager  
for a new company listed as: J. B. Miller Electric of Florida, LLC.

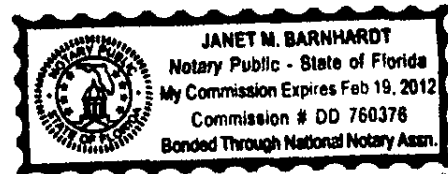
  
\_\_\_\_\_  
Signature  
J. B. Miller  
4333 SE 1<sup>st</sup> Avenue  
Keystone Heights, FL 32656

Sworn to and Subscribed  
before me this 27<sup>th</sup> day  
of October, 2010  
by: J. B. Miller.

  
\_\_\_\_\_  
Notary Public, State of Florida

JANET M. BARNHARDT  
\_\_\_\_\_  
Notary's Name Printed, Stamped or Typed

Personally Known:  or Produced I.D. \_\_\_\_\_  
ID Produced: \_\_\_\_\_



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10/20/10

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J. B. Miller Electric of Florida, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

335 NE Commercial Circle, Suite B

P. O. Box 1579

Keystone Heights, FL 32656

Keystone Heights, FL 32656-1579

**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:

J. B. Miller

Name

4333 SE 1st Avenue

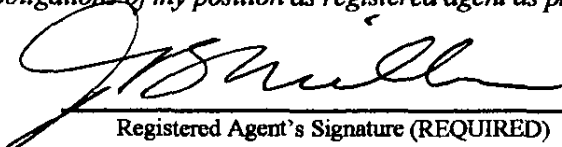
Florida street address (P.O. Box **NOT** acceptable)

Keystone Heights

FL 32656

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

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**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:**

MGR

J. B. Miller

4333 SE 1st Avenue

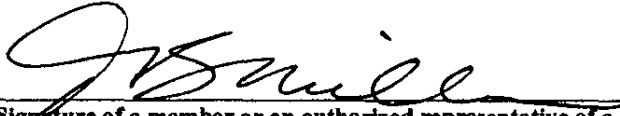
Keystone Heights, FL 32656

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: October 20, 2010 (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.)

J. B. 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)

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