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TALLAHASSEE, FLORIBA

T. CLINE

JAN 19 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Hoy and Miller Consulting, 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:	
Brice R. Miller Name of Person	
Name of Person	
Hoy and Miller Consulting, LLC.	
Firm/Company	
PO BOX 358503	
Address	
Gainesville, Florida 32635-8503	
City/State and Zip Code	
brice@hoymiller.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Brice R. Miller at (352) 575-4657 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	· FR. · · · · · · · · · · · · · · · · · · ·
	NO.
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

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The name of the Limited Liability Company is:

Hoy and Miller Consulting, 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:	
2509 Birnam Woods Way	PO BOX 358503	
Gainesville, Florida	Gainesville, Florida	
32605-1664	32635-8503	

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

(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:

Brice R. Miller

Name

2509 Birnam Woods Way

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

Gainesville

FL 32605-1664

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	er
MGRM	Wesley D. Hoy
	1423 NW 16TH Terrace
	Gainesville, Florida 32605-4010
MGRM	Brice R. Miller
	2509 Birnam Woods Way
	Gainesville, Florida 32605-1664
(Use attachment if necessary)	
(Use attachment if necessary) CLE V: Effective date, if other of the fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: January 11, 2011 . (OPTIONA must be specific and cannot be more than five business day
CLE V: Effective date, if other to a fective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: January 11, 2011 . (OPTIONAl must be specific and cannot be more than five business day
CLE V: Effective date, if other to ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmat I am aware that any far	than the date of filing: January 11, 2011 . (OPTIONA must be specific and cannot be more than five business day

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)