L1100098163

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
W1100nn43163		

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SECRETARY OF STATE PALLAHASSEE, FLORIDA

D. BRUCE

AUG 26 2011

EXAMINER



August 18, 2011

EDWIN F. BLANTON, ATTORNEY AT LAW 810 THOMASVILLE ROAD, 2ND FLOOR TALLAHASSEE, FL 32303

SUBJECT: MILLER DRYWALL L.L.C.

Ref. Number: W11000043163

We have received your document for MILLER DRYWALL L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Operating Agreement for the Limited Liability Company is not filed with the Secretary of State's office.,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 011A00019392

11 AUS 25 PM JI: 45
SECRETARY OF STATE
TALL AHASSEE F. STATE

COVER LETTER

. . . TO:

TO: Registration Section Division of Corporation	ons			
SUBJECT: MILLER DI	RYWALL LLO	С		
	Name of Limite	d Liability Company		
The enclosed Articles of Organiz	cation and fee(s) are s	ubmitted for filing.		
Please return all correspondence	concerning this matte	er to the following:		
Edwin F. Blan				NI -
	Ī	Name of Person		
Edwin F. Blant	ton, Attorney	At Law		
		Firm/Company		
810 Thomasvil	le Rd.			Be =
		Address		CHE
Tallahassee, Flo	rida 32303			6 25 PM
		State and Zip Code		E I
efb825@aol.com				FS
E-mai	l address: (to be used fo	r future annual report notif	ication)	PM # 45 FOF STATE EE. FLORID
For further information concerni	ng this matter, please	call:		DIT O
Edwin F. Blanton		at (850) 224	l-1020	
Name of Person			time Telephone Number	
Enclosed is a check for the fol	llowing amount:			
	00 Filing Fee & ificate of Status	▼\$155.00 Filing Fee Certified Copy (additional copy is enc	Certificate losed) Certified (of Status &
Regist Divisi P.O. F	ng Address tration Section fon of Corporations Box 6327 nassee, FL 32314	Street/Courier And Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	tion porations Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	AIS.
MILLER DRYWALL LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
800 Ocala Rd. Ste. 300-221 Tallahassee, Fl 32304	800 Ocala Rd. Ste. 300-221 Tallahassee, Fl 32304
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	
Edwin F. Blanton	25 ARY SSE
Na	me nme
810 Thomasvill	e Rd 💆 🛱 🧸
Florida street	address (P.O. Box NOT acceptable)

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.

City, State, and Zip

_{FL} 32303

Registered Agent's Signature (REQUIRED)

Tallahassee

(CONTINUED)

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 Membe	Name and Address:
MGRM	Theron T. Miller 683 Copeland Ave S.W. Cairo, Ga 39828
(Use attachment if necessary)	
effective date is listed, the date n 90 days after the date of filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
_	member or an authorized representative of a member.
constitutes an affirmation I am aware that any fals	etion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
	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)