## L12000016156

(Requestor's Name)				
15000 Citrus County Rd				
(Address)				
(Address)				
Dade City F1. 33523 (City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100213106921

SFFECTIVE DATE

02/03/12--01001--002 \*\*125.00

FILED

12 FEB -2 PM 2: 59

SECRETARY OF STATE
AMASSES FROM

N. Cumpen FEB - 2 2012



January 25, 2012

ROBERT C. VAN ALLEN 15000 CITRUS COUNTY DRIVE DADE CITY, FL 33523

SUBJECT: MILLENNIAL, LLC Ref. Number: W12000004714

We have received your document for MILLENNIAL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

A post office box is not an acceptable address for the registered agent.

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) 245-6067.

Letter Number: 212A00001882

Neysa Culligan Regulatory Specialist II

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	:			
Millennial, I	LLC.			
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Lia	ibility Co	mpan	ıy is:
Principal Office Address:	Mailing Address:			
15000 Citrus Country Drive	15000 Citrus Country Dri			
Dade City, Fl. 33523	Dade City, Fl. 33523			
12054 Curle	registered agent are:  5. Adams  24. Street	LLAHASSEE, FLORIDA	FEB.	FILED
	dress (P.O. Box <u>NOT</u> acceptable)	₽		
San Antonio City, Sta	FL 33576 ate, and Zip	·		
Having been named as registered agent and to a 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 registered.	this certificate, I hereby accept the y. I further agree to comply with t erformance of my duties, and I am	e appointn the provis familiar v	nent a ions o with a	s of all ind

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Robert C. Van Allen 15000 Citrus Country Drive Dade City, Florida 33523 (Use attachment if necessary) January 28, 2012 **ARTICLE V:** Effective date, if other than the date of filing: . (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.Ş.)

Filing Fees:

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

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)