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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
<u> </u>	· .	
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

B. BOSTICK AUG 17 2012 EXAMINER

## **COVER LETTER**

TO: Registratio Division of	n Section Corp <b>op</b> ations					
SUBJECT: Mille	erette FI, LLC					
	Name of Limit	ed Liability Co	mpany			_
The enclosed Article	s of Organization and fee(s) are	submitted for f	iling.			
Please return all corre	espondence concerning this man	ter to the follow	ving:			
Alan K	Saunders					_
		Name of Person	)			
Freedo	m Builders					
		Firm/Company				
1013 N	aples Drive					
		Address				
Orlando,						
		y/State and Zip (	Code			
imaginatio	onfactory@msn.com				≥	
For further information	E-mail address: (to be used it		report notification	1)	LAHA	2 AUG
Alan Saunders	<b>.</b>	<sub>at (</sub> 407	647-584		SSEE.	6 F
Nai	ne of Person	Area C	Code & Daytime 7	Celephone Numb		- AE 10: 5: - EE 10: 5:
Enclosed is a check	for the following amount:				RIDA	: 56
<b>√</b> \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Certifica Certified (additiona	te of St l Copy	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	tt/Courier Address stration Section sion of Corporation on Building Executive Center hassee, FL 3230	ons er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Millerette FI, LLC		
	C (III C ) . (II C )	
(Must end with the words "Limited Liabili	ry Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	incipal office of the Limited Liability Company is	c.
The maning address and succe address of the pri	incipal office of the Elithica Elability Company is	э.
Principal Office Address:	Mailing Address:	
1013 Naples Drive	1013 Naples Drive	
Orlando, FI 32804	Orlando, Fl 32804	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Alan K Saunders	LAHZ T	
Name	egistered agent are:	
1013 Naples Driv		
Florida street add	ress (P.O. Box NOT acceptable)	
Orlando	ress (P.O. Box NOT acceptable)  FL 32804  Output and Zip	
City, Sta	ite, 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)

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	her
MOIGH Managing Mon	
MGRM	Holly Sose
	2571 Passamonte Drive
	Winter Park, FI 32792
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	S of t
	المال المسابق المالية
(Use attachment if necessary	.)
(Ose attachment if necessary	)
T.F.V: Effective date if other	r than the date of filing: (OPTIONAL
effective date is listed the dat	e must be specific and cannot be more than five business days
O days after the date of filing.	
days after the date of filling.	,
REOUIRED SIGNATURE	
REQUIRED SIGNATURE	
REQUIRED SIGNATURE	ii Sose
	Un Sose
Signature o	f a member or an authorized representative of a member.
Signature of	Un Sose

Filing Fees:

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

Holly Sose

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee