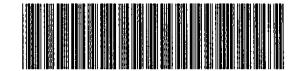
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJI	Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	John Gregory Mills Name of Person	
	Firm/Company	
14 Highland Drive		
	Fort Walton Beach FL 32548 City/State and Zip Code	
	johnmills 0525@yahoo. com E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	Toha Mills at (850) 461 0036 Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
⊠ \$125. ₄	00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
J. Mills DryWa (Must end with the words "Limited Liability C	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	ipal office of the Limited Liability Co	mpany is
Principal Office Address:	Mailing Address:	
14 Highland Orive Fort Walton Beach FL 37548	14 Highland Orive Fort Walton Reach Florida, 72548	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the regis	stered agent are:	
John Gregory N. Name		
14 Highland Orive Florida street address Fort Walton F Beach City, State, a	(P.O. Box <u>NOT</u> acceptable) L 37548 and Zip	
Having been named as registered agent and to accompliability company at the place designated in this registered agent and agree to act in this capacity. all statutes relating to the proper and complete per and accept the obligations of my position as regist	ept service of process for the above sta certificate, I hereby accept the appoint I further agree to comply with the pro erformance of my duties, and I am fam	tment as visions o iliar with
Registered Agent's Signature		
(CONTINUE	(D)	
Page 1 of 2	mi er	- U

The name and address of each Manager of	The name and address of each Manager or Managing Member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	John Gregory Mills 14 Highland Orive Fort Walton Beach FL 32548			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	te of filing: //28//3 . (OPTIONAL)			
(If an effective date is listed, the date must be prior to or 90 days after the date of filing.)	te 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.S.)				
John_C	or printed name of signee			

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

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)