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

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2013 HAY 16 MIN: 25
SECRETARY OF STATE
SECRETARY OF STATE



May 8, 2013

Division of Corporations 409 East Gaines Street Tallahassee, FL 32301

RE: Millers 621, LLC

Dear Sir/Madam:

Enclosed are the original and two copies of the Articles of Organization for the above-named proposed Florida Limited Liability Company. Also enclosed is a check in the amount of \$125.00, representing payment of the following:

Filing fee

\$125.00

Please file the enclosed Articles of Organization. You will note that the Registered Agent is named in the Articles of Organization. Thank you for your courtesies in this matter.

Very truly

Mary M. Earnest

ENCL.

Z \Molly\word documents\duily 2013\May\Silvia\Miller, Sharon-L SOS doc

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company is:		
Millers 621, LLC	t end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Add			
		rincipal office of the Limited Liability	Company is:
Principal Office Ac	idress:	Mailing Address:	
2595 SW 30th Avenue			
Fort Lauderdale, FL 3331	2		
(The Limited Liability Corbusiness entity with an action The name and the Figure 1.2)	npany cannot serve as its own Regis	d Office, & Registered Agent's Sign tered Agent. You must designate an individual or registered agent are:	
-	Name		題長門
	2595 SW 30th Avenue	,	器。「「
•	Florida street ad	dress (P.O. Box NOT acceptable)	Fig = 0
	Fort Lauderdale	, F _L 33312	FLYST II
	City, St	tate, and Zip	음. 3
liability compan registered agent a all statutes relatir	y at the place designated in nd agree to act in this capac ng to the proper and comple	accept service of process for the above this certificate, I hereby accept the appointy. I further agree to comply with the te performance of my duties, and I ambegistered agent as provided for in Chapetine (REQUIRED)	pointment as provisions of familiar with

(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:

MGRM	Sharon Miller	_
	2595 SW 30th Avenue	_
	Fort Lauderdale, FL 33312	
		-
		_
•		
· · · · · · · · · · · · · · · · · · ·		-
		_
		-
		-
(Use attachment if necessary)		
(Ose attachment if necessary)		
LE V: Effective date, if other than	the date of filing: (OPTIC)N/

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.)

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)