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(Red	uestor's Name)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doc	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			
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SECRETARY OF STATE

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COVER LETTER

TO: Registratio Division of	n Section Corporations						
SUBJECT: Mills	Florida, LLC	ed Liability Co	mnany				
		_	•				
	s of Organization and fee(s) are		_				
	espondence concerning this matt	er to the follow	ving:				
O. Bruc	e Mills	Name of Person					
			•				
-		Firm/Company		· · · · · · · · · · · · · · · · · · ·			
251 Ha	rbour Drive						
201114	ibodi Diive	Address			·	•••	
Nanios I	Elorido 24102				745 745	2013 AUG	sue 7×1
ivapies, r	Florida 34103	y/State and Zip (ode.	 		長	4
bmills@m	nillsproperties.net	, siate and zip	2000		PSS A	5	-
	E-mail address: (to be used f	or future annual	report notification	1)	: <u> </u>	I-E	T
For further informati	on concerning this matter, please	call:			7.5 10.5 10.5 10.5 10.5 10.5 10.5 10.5 10	理句: 50	(".
Daniel Engle		at (314	, 552-603	31	20 m	50	
Na	me of Person		Code & Daytime 7	Felephone Number			
Enclosed is a check	k for the following amount:						
	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Fill Certificate Certified C (additional ce	of Status	s &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation Building Executive Cente hassee, FL 3230	ions er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Mills Florida LLC (Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
	, , , , , , , , , , , , , , , , , , ,
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
the maning address and street address	of the principal office of the Elithed Liability Company is:
Principal Office Address:	Mailing Address:
251 Harbour Drive	251 Harbour Drive
Naples, FL 34103	Naples, FL 34103
ADTICLE III Dogistared Agent Do	wintowed Office P. Desistered Assetts City States St
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address O. Bruce Mills 251 Harboul	S of the registered agent are: Name AHAGE ST Name AHAGE ST
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address O. Bruce Mills 251 Harboul	Name Drive AHASSES-FLORE O: 50 Name Drive

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)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	O. Bruce Mills 251 Harbour Drive Naples, FL 34103	
·		E 10
		5 5
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: N/A . (OPTIONAl e specific and cannot be more than five business days	•
REQUIRED SIGNATURE:		
Signature of a membe	er or an authorized representative of a member.	
(In accordance with section 608 constitutes an affirmation under I am aware that any false inform	8.408(3), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	

O. Bruce Mills

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)