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K. SALY EXAMINER

MAR - 4 2014

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: A. A. MILER ESTATE Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
William A. Miller Name of Person	
A. A. MillER ESTATE Firm/Company	
4653 Schaag Road	
Molino, FL 32577 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
William A. Miller at (850) 449-2171 Name of Person Area Code Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Ce (additional copy is enclosed) Certified Copy	50.00 Filing Fee, critificate of Status & rtified Copy tional copy is enclosed)
Mailing Address Street/Courier Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

A. A. Miller ESTATE L	
(Must end with the words "Limited ARTICLE II - Address: The mailing address and street address of the principal of	Liability Company, "L.L.C.," or "LLC.") ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4653 Schaag Rd, Molino FL	4653 Schage Rd. Moling FL 32577
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or n.)
William A. Mi	70
4653 Schaag Florida street address (P.O. Box	RoAd NOT acceptable)
Molino	FL 32577 2ip 38

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	William A. Miller 4653 Schaag Road Molino, FL 32577
AMBR	Johnnie B. Jchnson 1800 Lambert Bridge Road McDavid, FL 32568
AMBR	Juseph L. Miller 7300 LEONARD BARNES ROAD Holt, FL 32536
AMBR	Richard C. MillER 3333 JUNIPER CREEK ROAD MILTEN, FL 32570
(Use attachment if necessary)	, and the second
	date of filing: March 1, 2014. (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	4 00
Wille	am le Miller
Signature of a (In accordance with section	n member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation	under the penalties of perjury that the facts stated herein are true.

Filing Fees:

William A. Miller
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.)

\$ 5.00 Certificate of Status (Optional)