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| Certified Copies | Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | egistration ivision of C | Section orporations | | | |
|---------------|-----------------------------|-----------------------------|-------------------------------|--|--|
| SUBJECT | : <u> </u> | lliman | Cuncle / Name of Lim | Associates, Lited Liability Company | LC |
| The enclose | ed Articles | of Organization | and fee(s) are | e submitted for filing. | |
| Please retur | m all corres | pondence conce | rning this ma | atter to the following: | |
| | | Joy M | illimo | Name of Person | |
| | | ulliman | and | Associates, | LLC |
| | 1430 |) Mon | arch | Circle | |
| | _Na | ples, | FL Ci | 34116 ity/State and Zip Code | |
| | | E-mail addres | 243€ s: (to be used | gmail. Com | cation) |
| For further | information | concerning this | s matter, plea | se call: | |
| _Joy | Will Nam | WAN e of Person | at (| SOS 944-50 Area Code Daytime To | 249 elephone Number |
| Enclosed is | a check for | the following a | mount: | | |
| □ \$125.00 Fi | ling Fee | ₹130.00 File Certificate | ing Fee & of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & 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: | |
|---|--|
| Milliman and Associates (Must end with the words "Limited L | iability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office. | ce of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1430 Monarch Circle Naples, FL 34110 | 1430 Monarch Circle Naples, FL 34116 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) | egistered Agent. You must designate an individual or |
| The name and the Florida street address of the registered ag | |
| Joy Milliman | |
| £ _ | _ |
| 1430 Monarch (| Circle |
| Florida street address (P.O. Box N | |
| Naples City | FL 34116 |
| ' City | Zip |
| capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | ice of process for the above stated limited liability company he appointment as registered agent and agree to uct in this all statutes relating to the proper and complete performance to the proper and complete performance to the provided for in the following to the following to the following the |
| | re (REQUIRED) |
| Registered Agent's Signatur | re (REQUIRED) |
| (CONTINUE) | 1. } |
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| Page 1 of 2 | |
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| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|---|
| "MGR" = Manager | Jou Milliman |
| " MOYC" | 1430 MANATCH CITCLE |
| | Naples, FL 34116 |
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| (Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be specified. | e of filing: 7/22/2014 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 |
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| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m | nember of an authorized representative of a member. |
| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und | nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. |
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