L15000106181

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE STAIL AHASSEE, FLORIDA

2015 JUN 19 PM 5: 2

JUN 2 2 2015 **T. BROWN**

COVER LETTER

	Registration Division of C	Section orporations			
SUBJECT	Miner Er	nterprises LLC			
		Nam	e of Limited Li	ability Company	
The enclos	sed Articles o	of Organization and fo	ee(s) are submi	tted for filing.	
Please ret	urn all corres	pondence concerning	this matter to t	he following:	
	Timothy C	Miner			
			Nam	e of Person	
	Miner Ente	erprises LLC			
			Firm	/Company	
	5091 Pine	Ridge Dr			
	•		A	ddress	·
	Chipley, F	L 32428			
	tmorachine	55@yahoo.com	City/State	e and Zip Code	
	tinerusiinge		ne used for futu	re annual report notificat	tion)
For further i	nformation c	oncerning this matter		•	,
	Timothy C	-	850 at (625-2750	
	Na	me of Person	Area Cod	e Daytime Telephor	ne Number
Enclosed i	s a check for	the following amoun	t·		
\$125.00 F		\$130.00 Filing Fe Certificate of Sta	ee & \$1:	55.00 Filing Fee & rtified Copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		ing Address		Street Address	
		stration Section ion of Corporations		Registration Section Division of Corporat	ione
		Box 6327		Clifton Building	ions
	Talla	hassee, FL 32314		2661 Executive Cent	er Circle

Tallahassee, FL 32301



RECEIVED

15 JUN 19 PM 3: 13

FLORIDA DEPARTMENT OF STATE Division of Corporations

Miner Consulting

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 29, 2015

TOMOTHY C MINER 5091 PINE RIDGE DR CHIPLEY, FL 32428

SUBJECT: MINER ENTERPRISES LLC

Ref. Number: W15000038141

We have received your document for MINER ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P11000097334, MINER ENTERPRISES INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 015A00011350

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	DΤ	$\Gamma \Gamma C I$	F	 Nα	me.

The name of the Limited Liability Company is:

TOIS JUN 19 PM 5: 23

Miner Consulting LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal C	Office Address:		Mailing Address:
5091 Pine Ridge Dr		50	91 Pine Ridge Dr
Chipley, FL 32428		Cl	nipley, FL 32428
another business entity with an activate name and the Florida street add	nnot serve as its ow ve Florida registrati	n Registered Agen	ent's Signature: I. You must designate an individual or
		Name	
<u>.</u>	5091 Pine Ridge Dr		
	Florida street addre	ss (P.O. Box <u>NOT</u>	acceptable)
<u>(</u>	Chipley	FL	32428
	City	State	Zip

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Mary E Miner
	5091 Pine Ridge Dr Chipley, FL 32428
	Chipley, FL 32428
AMBR	Timothy C Miner
	5091 Pine Ridge Dr
	Chipley, FL 32428
Use attachment if necessary)	
EV: Effective date, if other than the octive date is listed, the date must be filing.)	tate of filing:
EV: Effective date, if other than the ofective date is listed, the date must be filing.) the date inserted in this block does need a effective date on the Departm	specific and cannot be more than five business days prior to or 90 de ot meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the certive date is listed, the date must be f filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 de ot meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the octive date is listed, the date must be filing.) the date inserted in this block does nent's effective date on the Departm E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with a constitutes an affirm	per the applicable statutory filing requirements, this date will not be cent of State's records. Interpretation of State and authorized representative of a member. Interpretation 605.0203 (1) (b), Florida Statutes, the execution of this documentation under the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the octive date is listed, the date must be filing.) the date inserted in this block does not seffective date on the Departm EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with constitutes an affirm I am aware that any	ot meet the applicable statutory filing requirements, this date will not be ent of State's records. member or an authorized representative of a member. lection 605.0203 (1) (b), Florida Statutes, the execution of this document.
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as