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## **COVER LETTER**

	legistration Section Division of Corporations				
SUBJECT	Miller Legal Service: LLC				
Name of Limited Liability Company					
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.			
Please retu	urn all correspondence concerning this	matter to the following:			
	Jeanette Drake Shanor				
		Name of Person			
	Miller Legal Service				
		Firm/Company			
	13188 Haverhill Dr				
		Address			
	Spring Hill Fl 34609				
		City/State and Zip Code			
	millerlegalservice@ggmail.com				
	E-mail address: (to be use	ed for future annual report notification	on)		
For further i	nformation concerning this matter, plea	ase call:			
	Jean Shanor at (	813 388-7549			
	Name of Person	Area Code Daytime Telephone	Number		
Enclosed is	s a check for the following amount:				
\$125.00 F	<u>-</u>	\$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	Street Address			
	New Filing Section	New Filing Section			
	Division of Corporations P.O. Box 6327	Division of Corporatio Clifton Building	ns		
	Tallahassee, FL 32314	2661 Executive Center	Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Miller Legal Service				<del></del>
(Must end	with the words "Limite	d Liability Company	v, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
13188 Haverhill Dr		1318	88 Haverhill Dr	
Spring Hill FL 3460	09	Spri	ng Hill, FL 34609	
The name and the Florida street	address of the registere	on.) d agent are:		
The name and the Florida street	_	,		
The name and the Florida street	Jeanette Shanor 13188 Haverhill Dr	d agent are: Name		
The name and the Florida street	Jeanette Shanor 13188 Haverhill Dr	d agent are:	cceptable)	
The name and the Florida street	Jeanette Shanor 13188 Haverhill Dr	d agent are: Name	cceptable)	
The name and the Florida street	Jeanette Shanor  13188 Haverhill Dr Florida street addres	d agent are:  Name  SS (P.O. Box NOT a	•	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
AMBR	Jeanettte Shanor		
	13188 Haverhill Dr Spring Hill, FL 34609		
	Spring rilli, FL 34009		
***************************************			
<del></del>			
(Use attachment if necessary)			
RTICLE V: Effective date, if other than the date of	of filing: (OPTIONAL)		
f an effective date is listed, the date must be spe	cific and cannot be more than five business days prior to or 90 days after		
e date of filing.)	and the complete by making medical and find an action making data will making blood as		
to the date inserted in this block does not make the document's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be listed as of State's records		
·	a bluto b 10001 dg.		
RTICLE VI: Other provisions, if any.			
REOUIRED SIGNAFURE:	0 0 /		
- Af			
- Janes	N Manor		
This document is execute	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes.		
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.		
Jeanette Shanor			
	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)

**ARTICLE IV-**

\$ 5.00 Certificate of Status (Optional)