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| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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EFFECTIVE DATE

2016 JAN -6 PH 2: 35

JAN 2 1 2016 T. BROWN

## **COVER LETTER**

| IU;               | Division of Corporations  |                   |  |  |
|-------------------|---|-------------------|--|--|
| OTTO TO           | Miller Home Maintenance   |                   |  |  |
| SUBJE             |   | Limited Liabilit  | y Company  |  |
| The enc           | losed Articles of Organization and fee(s)   | are submitted     | for filing.  |  |
| Please re         | eturn all correspondence concerning this  | matter to the fo  | ollowing:  |  |
|                   | Christian Lee Miller  |                   |  |  |
|                   | <del></del>   | Name of I         | Person   | ·  |
|                   | Miller Home Maintenance   |                   |  |  |
|                   |   | Firm/Cor          | npany  |  |
|                   | 1114 Illinois Ave   |                   |  |  |
|                   |   | Addre             | SS   | ·····  |
|                   | Lynn Haven, Florida 32444   |                   |  |  |
|                   | Millerhomemaintenance@yahoo.com   | City/State and    | Zip Code   |  |
|                   | E-mail address: (to be us   | sed for future ar | nual report notificat  | tion)  |
| For furthe        | er information concerning this matter, ple  | ase call:         |  |  |
|                   | Christian L. Miller   | 850               | 441-0041   |  |
|                   | Name of Person  | Area Code         | Daytime Telephor   | ne Number  |
| Enclose           | d is a check for the following amount:  |                   |  |  |
| <b>]\$</b> 125.00 | Filing Fee \$\frac{130.00}{2}\$ Filing Fee \$\frac{1}{2}\$ Certificate of Status                | Certifie          | Filing Fee & d Copy<br>d Copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                   | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 1<br>1<br>0       | Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Fallahassee, FL 3230 | er Circle  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AK  | HCL  | E I - | Nai  | me: |
|-----|------|-------|------|-----|
| The | name | of t  | he L | imi |

name of the Limited Liability Company is:

Miller Home Maintenance 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 Office Address: | Mailing Address:  | EFFECTIVE DATE |
|---------------------------|-------------------|----------------|
| 1114 Illinois Ave         | 1114 Illinois Ave | 1-3-16         |
| Lynn Haven, Fl            | Lynn Haven, Fl    | <del>.</del>   |
| 32444                     | 32444             |                |
|                           |                   | <del>.</del>   |

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Christian L. Miller

Name

1114 Illinois Ave

Florida street address (P.O. Box NOT acceptable)

Lynn Haven Fl 32444

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..

Page 1 of 2

(CONTINUED)

| Title:<br>"AMBR" = Authoriz<br>"MGR" = Manager  | Name and Address:  |                         |
|---|--|-------------------------|
| MGR   | Melissa Carol Miller 1114 Illinois Ave   | <del></del>             |
|   | Lynn Haven, Florida 32444  |                         |
|   |  |                         |
|   |  |                         |
| EV: Effective date, i   | cessary)  Tother than the date of filing: January 5th,2016   | or 90                   |
| EV: Effective date, is ctive date is listed, to filling.) the date inserted in the date inserted date.  | other than the date of filing: January 5th,2016 (OPTIONAL), the date must be specific and cannot be more than five business days prior to is block does not meet the applicable statutory filing requirements, this date won the Department of State's records.            | <b>or 90</b><br>ill not |
| EV: Effective date, is ctive date is listed, to filing.) the date inserted in the cont's effective date. EVI: Other provision                           | other than the date of filing: January 5th,2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to is block does not meet the applicable statutory filing requirements, this date won the Department of State's records.  s, if any. | <b>or 90</b><br>ill not |
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| EV: Effective date, is ctive date is listed, to filing.) the date inserted in the date inserted date. EVI: Other provision  REQUIRED SIGNATA  This I am | other than the date of filing: January 5th,2016 (OPTIONAL) the date must be specific and cannot be more than five business days prior to is block does not meet the applicable statutory filing requirements, this date won the Department of State's records.  s, if any. | or 90 ill not           |
| ctive date is listed, to filing.) the date inserted in the date inserted ate.  EVI: Other provision  REQUIRED SIGNA  This I am                          | TURE:  Signature of a member or an authorized representative of a member. locument is executed in accordance with section 605.0203 (1) (b), Florida Stateware that any false information submitted in a document to the Department of                                      | or 90 ill not           |

as