L1600068051

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

6 16m 21425

APR 0 7 2016

T. SCOTT

42851



200283270522

03/14/16--01011--016 **155.00

SEGRETARY OF STAIL STRING OF CORPORATIONS OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2016

AKEEM S. MILLER MILLER'S CLEANING SERVICES 2844 NW 55TH AVE, 2B LAUDERHILL, FL 33313

SUBJECT: MILLER'S CLEANING SERVICES

Ref. Number: W16000021425

We have received your document for MILLER'S CLEANING SERVICES and your check(s) totaling \$155.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Member signature must be first and last name.

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 716A00005898

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Miller's Profess Name of Limited Lie	ional Cleaning Services
The enclosed Articles of Organization and fee(s) are submit	ated for filing.
Please return all correspondence concerning this matter to t	he following:
Okeem S.	Miller
Miller's Profession	onal Cleaning Services
2844 n.w.	55th ave 2b
	e and Zip Code a Chofmail. Com re annual report notification)
For further information concerning this matter, please call:	
Name of Person Area Cod	
Enclosed is a check for the following amount:	
Certificate of Status	\$160.00 Filing Fee, certified Copy ional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Millers	Professional	Cleaning	Services	ILC
	ith the words "Limited Liability Co			
ARTICLE II - Address: The mailing address and street add	lress of the principal office of the I	imited Liability Company i	s:	

Principal Office Address:	Mailing Address:
2844 n.vo. 55th ove	2844 n.w. 55th ave
2b	& D
lauderhill, 197, 33313	lauderhill, Fe, 33313

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Okcen	1 (Tiller	/	
	Name			
2844	n.w.	SS	ave	, 2b
Florida street add		NOT ac	ceptable)	
lauderh	ill FE	-	33	3313
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

SECRETARY OF STATE STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	akeem Miller 2844 n.w. 55 auc 26 Lauderhill, FC, 33313
	
EV: Effective date, if other than the ctive date is listed, the date must f filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ective date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart.	be specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the ective date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart.	be specific and cannot be more than five business days prior to or 9 not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 94 not meet the applicable statutory filing requirements, this date will not ment of State's records.
E V: Effective date, if other than the ctive date is listed, the date must f filing.) the date inserted in this block does nent's effective date on the Depart. E VI: Other provisions, if any. REOUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records. A. Miller Manager
retive date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is eliam aware that any constitutes a third of the signature of the signatu	not meet the applicable statutory filing requirements, this date will not ment of State's records. The manager of a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, or false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the extive date is listed, the date must filling.) the date inserted in this block does ment's effective date on the Depart EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is eliam aware that any constitutes a third of the constitutes at the constitu	not meet the applicable statutory filing requirements, this date will not ment of State's records. The manager of a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, or false information roubidited in a document to the Department of State degree felony as provided in in s.817.155, F.S.