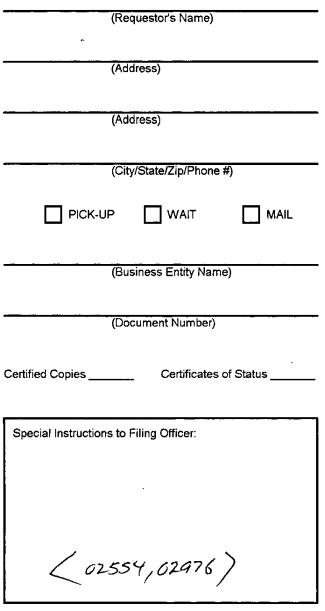
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2016

BRIAN MILLER 707 NICOLET AVE., STE. 200 WINTER PARK, FL 32789

SUBJECT: BRIAN E. MILLER, LLC Ref. Number: W16000036319

We have received your document for BRIAN E. MILLER, LLC and your check(s) totaling \$125.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000160076.

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 916A00010625

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## **COVER LETTER**

	ration Section n of Corporations	
SURIFCT	BRIAN E.	MILLER
SODJECI	Nai	me of Limited Liability Company
The enclosed Arr	ticles of Organization and	fee(s) are submitted for filing.
Please return all	correspondence concernir	ng this matter to the following:
	BRIAN	E. MILLEC Name of Person
		Name of Person
	BRIAN	F. MILLER
	<u> </u>	E. MILLER Firm/Company
	707	NILOLET AVE, SUITE 200
		Address
	WINTER	PARK FL 37.789
	00.70 T C.Z.	PRRK , FL 32789  City/State and Zip Code
	brian @ th	e indopendence law firm. Lom
	E-mail address: (to	be used for future annual report notification)
For further inform	ation concerning this matt	er, please call:
<u>B</u>	ZION MILLER	Area Code Daytime Telephone Number
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amou	unt:
### #################################		
23.00 Filling 1	Certificate of S	Status Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	s Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
BRIAN EDWARD	MILLER, LLC
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
707 NILOLET AYE	707 NILOLET AVE
SUITE 200 WINTER PARKIFL 32789	WINTER PARK ITL 32789

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:** 

B211	5N E	· Mi	Cr & 6	
	Name			-
フロフ 人 Florida street address	11LOLE	T AVE	, SUITE	200
Florida street address	s (P.O. Box ]	NOT accepta	able)	
WINTER	PARK	,FL	32789	_
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

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. 5.

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager  M G R	3.7.
(1) (3)	$T \times (C_1) \cap C_2 = C_1$
	DRIAN 6, MILLER 707 NILOLET AVE, SUITE 200 WINTER PARK, FL 32789
(Use attachment if necessary)	
E VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
Signature of a membe This document is executed in I am aware that any false info	r or an authorized representative of a member. a accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo Ty  \$125.00 Filing Fee for Articles of Organiz	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo Ty  \$125.00 Filing Fee for Articles of Organiz \$ 30.00 Certified Copy (Optional)	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.  EDWARD WILLEC  ped or printed name of signee  Filing Fees:
Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo Ty  \$125.00 Filing Fee for Articles of Organiz	r or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.  EDWARD WILLEC  ped or printed name of signee  Filing Fees: