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SECRETARY OF STATE
ALLAHASSEE, FLORIDA 11/28/1-

COVER LETTER

10:	Division of Corporations		
SHDIE	Nilsen Miles Partners, LLC		
30016	CT:Name of Li	imited Liabili	ty Company
The enc	losed Articles of Organization and fee(s) a	ire submitted	for filing.
Please r	eturn all correspondence concerning this n	natter to the fo	ollowing:
	Christopher Rogers		
		Name of	Person
	Capital Fund Law Group, P.C.		
		Firm/Co	mpany
	222 South Main Street, Suite 500		
		Addro	255
	Salt Lake City, Utah 84101		
	info@capitalfundlaw.com	City/State and	d Zip Code
	E-mail address: (to be use	d for future as	nnual report notification)
For furthe	er information concerning this matter, plea	se call:	
		424	316-2000)
		Area Code	Daytime Telephone Number
Enclose	d is a check for the following amount:		
\$125.00	O Filing Fee S130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) 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 FLORIDALIMITED LIABILITY COMPANY

NO. N. 112	
Nilsen Miles Pattners, LLC (Must contain the words "Limited Liab	ility Company, "L.L.C.," or "Ll C.")
E II - Address:	
ng address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8011 SW Sunny Oaks Drive	8011 SW Sunny Oaks Drive
Arcadia, FL, 34269	Arçadia, FL 34269

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

Samantha Miles		
	Name	
8011 SW Sunny Oal	ks Drive	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	rceptuble)
Arcadia	<u> </u>	34269
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. Thereby 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)

SECRETARY OF STATE TALLAHASSEE, FI COME

SECR	2017 N
ETARY	NOV 27
SECRETARY OF STATE	AM II:

AMBRY = Manager MGR Morgan Nilsen 8011 SW Sunny Oaks Drive Areadia, FL 34269 MGR Samantha Miles 8011 SW Sunny Oaks Drive Areadia, FL 34269 MGR Solit SW Sunny Oaks Drive Areadia, FL 34269 (Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lied edocument's effective date on the Department of State's records. CTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fabse information submitted in a document to the Department of State	Title:	Same and Address:
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constitutes a third degree felony as provided for in 5.817.155, F.S.	This document is c	executed in accordance with section 605,0203 (1) (b), Florida Statutes.

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)
\$ 5.00 Certification (Copy Copy)

ARTICLE IV

\$ 5.00 Certificate of Status (Optional)

Morgan Nilsen