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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Miller Harduba Name of Lin	Hooking Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Richard De	an Miller
	Name of Person
_	· · · · · · · · · · · · · · · · · · ·
75 franklin	Address
Crawfordville	FL 32327
Miller Hooring	Sity/State and Zip Code SG G COLO COM For future annual report notification)
For further information concerning this matter, please	·
Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

Tallahassee, Ft. 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
75 Franklin. DC	
(CONFOCOVILLE TL 3232)	1
	<u>(</u>

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:

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)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Richard Dean Miller 75 Franklin Dr Crawfordville
MGR	Bethanie K Sanders
	FL_32327
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.)	f filing:
the document's effective date on the Department of	
ARTICLE VI: Other provisions, if any,	
REOUIRED SIGNATURE:	<u> </u>
	nber or an authorized representative of a member, d in accordance with section 605.0203 (1) (b), Florida Statutes.
	d in accordance with section 605.0205 (1) (b), Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2019 APR -9 ATTH: 30