

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies		of Status
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COVER LETTER

	New Filing Sec Division of Co				
SUBJEC		oly Chain Consulting,	LLC		
SOLDING	••	Name o	of Limited Lia	bility Company	······
The enclo	sed Articles of	Organization and fee	(s) are submit	ted for filing.	
Please ret	urn all correspo	ondence concerning th	is matter to th	ne following:	
	Alan L. Mill	liken			
			Namo	of Person	
	ALM Suppl	y Chain Consulting, L	.LC		
			Firm	Company	
	1430 Hwy 2	9 South Unit 107			
			Α	ddress	
	Cantonment	, Florida 32533			
	millikenal@h	otmail.com	City/State	and Zip Code	
		E-mail address: (to be	used for futu	re annual report notificati	on)
For further	information co	ncerning this matter, p	olease call:		
	Alan L. Mill		850 at (2927241	
	Nam	ie of Person	`	Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
□\$125.0	0 Filing Fee	□\$130.00 Filing F Certificate of Statu	is Cer	\$155.00 Filing Fee & tified Copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address filing Section on of Corporations dox 6327 assec, FL 32314		Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AT AA Cooperator C'	hair Committee 1110		
	hain Consulting, LLC conatin the words "Limited Lie	ability Company, "	L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and str	eet address of the principal offic	ce of the Limited I	liability Company is:
Pr	ncipal Office Address:		Mailing Address:
1419 Templeme	ore Drive	P. O.	Box 107
ARTICLE III - Registered (The Limited Liability Com	orida 32533 I Agent, Registered Office, &	Canto Registered Agent egistered Agent. Y	onment, Florida 32533
ARTICLE III - Registered (The Limited Liability Com- another business entity with	orida 32533 1 Agent, Registered Office, & pany cannot serve as its own Re	Registered Agent egistered Agent, Y	onment, Florida 32533 t's Signature:
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ARTICLE III - Registered (The Limited Liability Com- another business entity with	Alan L. Milliken	Registered Agent egistered Agent, Y	onment, Florida 32533 t's Signature:
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ARTICLE III - Registered (The Limited Liability Com- another business entity with	Drida 32533 J Agent, Registered Office, & pany cannot serve as its own Rohan active Florida registration. treet address of the registered as Alan L. Milliken	Registered Agent egistered Agent Y) gent are:	onment, Florida 32533 t's Signature: Ou must designate an individual or

juriner agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l 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)



"AMBR" = Authorized Member "MGR" = Manager AMBR Alan L. Milliken 1419 Templemere Drive Cantonment, Florida 32533 Cantonment, Florida 32533 CLE V: Effective date, if other than the date of filing (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. Signature that any false information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a document to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a finite formation in the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information submitted in a focument to the Department of State information in the Department of State information in the Department of State in the Department of State	<u>Title:</u>	Name and Address:
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ARTICLE IV-