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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

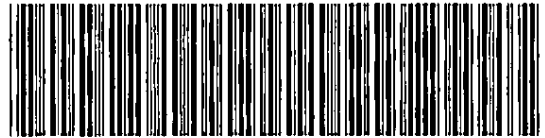
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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03/25/21--01023--005 \*\*130.00

2021 MAR 25 PM 3:49

FIL 11

**COVER LETTER**

Filing Date: 2021 MAR 25 PM 3:49

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Mill Creek Sawmill LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J. Wells Jr

\_\_\_\_\_  
Name of Person

Mill Creek Sawmill

\_\_\_\_\_  
Firm/Company

16701 NE 148 Terrace Road

\_\_\_\_\_  
Address

Ft. McCoy, Florida 32134

\_\_\_\_\_  
City/State and Zip Code

pwbones53@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Wells

~~904~~  
at ( 352 )

546-5715

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00  
Certificate  
Certified C  
(additional c

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mill Creek Sawmill "LLC"

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

16701 NE 148 Terrace Rd  
Ft. McCoy, FL 32134

16701 NE 148 Terrace Rd  
Ft. McCoy, FL 32134

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:

Daniel J. Wells

Name

16707 NE 148 Terrace Rd

Florida street address (P.O. Box **NOT** acceptable)

Ft. McCoy, FL 32134

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605.*

*Daniel J. Wells*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Daniel J Wells Jr  
16707 NE 148 Terrace Rd  
Ft. McCov. Fl 32134

MGR

Paula Wells  
16707 NE 148 Terrace Rd  
Ft. McCov. Fl 32134

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 22 2021. (OPTI  
(If an effective date is listed, the date must be specific and cannot be more than five business days p  
the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this  
the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Paula Wells

**Signature of a member or an authorized representative of a member**

This document is executed in accordance with section 605.0203 (1) (b), Flor  
I a \_\_\_\_\_ any false information submitted in a document to the Departm  
col \_\_\_\_\_ as provided for in s.817.155, F.S.

PAULA Wells

Typed or printed name of signee