

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L21000252134
FILED 8:00 AM
June 01, 2021
Sec. Of State
jafason

Article I

The name of the Limited Liability Company is:

MILLER MEDICAL SERVICES, PLLC

Article II

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

1109 EAST LEONARD STREET
PENSACOLA, FL. US 32503

The mailing address of the Limited Liability Company is:

1109 EAST LEONARD STREET
PENSACOLA, FL. US 32503

Article III

Other provisions, if any:

THE PURPOSE OF THIS COMPANY IS TO FURNISH PROFESSIONAL
MEDICAL SERVICES.

Article IV

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

NATHANIEL MILLER
1109 EAST LEONARD STREET
PENSACOLA, FL. 32503

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.

Registered Agent Signature: NATHANIEL MILLER

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
NATHANIEL MILLER
1109 EAST LEONARD STREET
PENSACOLA, FL. 32503 US

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Article VI

The effective date for this Limited Liability Company shall be:

05/29/2021

Signature of member or an authorized representative

Electronic Signature: NATHANIEL MILLER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.