13200207651

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

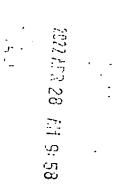
Office Use Only



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(S) 1845



COVER LETTER

TO: New Filing Section Division of Corporations		
	MIES ENTERPRISES, LLC	
The enclosed Articles of Organization and fee(s) at	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Joanna	Miller Name of Person	
Willertine	Firm/Company	
	Firm/Company /	
4734 Aza	rilea Way South	
,	1144, 11,	
St. Peter	Sburg, FL 33705 iny/State and 20 Code ler@gmail.com	
no con no il	Tity/State and Zip Code	
F-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please 1.	,	
Journa Miller and	727 286-4434	
•	rea 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) □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address	Street Address	
New Filing Section	New Filing Section Division	
Division of Corporations P.O. Box 6327	tions The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	·	

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Millertimes	Enterprises, LLC.
(Must contain the words "Lim	ited 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:	
4734 Azalea Way South St Petersburg, FL 33705	4734 Azilea Win South	

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:

Krist	in Frasz	_	
	Name		
248 0	-and Ave S		
Florida street add	dress (P.O. Box NOT acce	ptable)	
Scint	Petersburg	FL	33705
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, 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)

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 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.

Tocinna Miller

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE:

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)