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(City/State/Zip/Phone #)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

OCUMENT NUM	BER	
ocom e nt non		LE THE ATTACHED AND RETURN**
	Plain Copy	
XXXXX	Certified Copy	
1.18	Certificate of Sta	rtas
		
	PLEASE OBTAIN T	THE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of	Arts & Amendments
	Certified Copy of	Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Sta	atue
	Certificate of Sta	rtas Reflecting:
	APOSTILLI	E' / NOTARIAL CERTIFICATION
COUNTRY OF DEST	TINATION	
NUMBER OF CERTI	FICATES REQUESTED_	
TOTAL OWED \$	155.00	ACCOUNT # 120140000108 United Corporate Services, Inc.

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	J.L. Miller Property Holdings, L	LC		
301131.0		of Limited Liabi	lity Company	
The enclo	sed Articles of Organization and fee	(s) are submitted	d for filing.	
Please ret	arn all correspondence concerning th	is matter to the	following:	
	Brian N. Lewandowski, Esq.			
		Name o	f Person	
	Lewandowski & Associates			
		Firm/Co	ompany	
	721 Center Road			
		Add	ress	
	West Seneca, New York 14224			
	blewandowski@lewandowskiandas	City/State ar	nd Zip Code	
	E-mail address: (to be		annual report notificat	ion)
For further	information concerning this matter, p	olease call:		
	Brian N. Lewandowski	716 st (674-4710 _)	
	Name of Person		Daytime Telephor	
Enclosed i	s a check for the following amount:			
□\$125.00	Filing Fee □\$130.00 Filing F Certificate of Statu	s Certif	i5,00 Filing Fee & ied Copy ial copy is enclosed)	☐\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Corporations		New Filing Section D The Centre of Tallah	
	P.O. Box 6327		2415 N. Monroe Stre	
	Tallahassee, FL 32314		Tallahassee, FL 3230)3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabili	ity Company is:			
J.L. Miller Property	Holdings, LLC			
(Must con	tain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Lin	nited Liability Company is:	
Princip	oal Office Address:		Mailing Add	lress:
30 Lost Beach Lane			30 Lost Beach Lane	
Vero Beach, Florida			Vero Beach, Florida 32963	
The name and the Florida street	Jody Miller	d agent are:		
	30 Lost Beach Lane	 -		
	Florida street addres	ss (P.O. Box <u>N</u> o	OT acceptable)	
	Vero Beach	Florida	32963	
	City	State	Zip	
daving been named as registered dace designated in this certificate arther agree to comply with the p im familiar with and accept the o	e, I hereby accept the app provisions of all statutes r	ointment as reg elating to the p	gistered agent and agree to ac roper and complete performa	t in this capacity. I nce of my duties, and I
	/s/ Jody N			_
	Regist	tered Agent's S	ignature (REQUIRED)	
		(CONTINU	ED)	

331. - F11 2: 2u

ARTICLE IV-

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

" 4 8 473 FB !! - A	ah animad Maambaa	Name and Address:
"MGR" = Man	nthorized Member	
	_	La Jack A (Ciliana
Manager		Jody Miller 30 Lost Beach Lane Vero Beach, Florida 32963
		Vero Beach, Florida 32963
<u>-</u>		
		
	sted, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
ate of filing.)	4.1 4.1 1 1	and the state of t
	ed in this block does not n e date on the Department	neet the applicable statutory filing requirements, this date will not be lis
ocument's effective	e date on the Department	of State 8 fectius.
ICLE VI: Other pre		
REQUIRED S	SIGNATURE:	
REQUIRED S		an N. Lewandowski, Esq.
REQUIRED S	/s/ Bri	mber or an authorized representative of a member.
REQUIREDS	/s/ Bris Signature of a me This document is execut	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes.
REQUIREDS	/s/ Bris Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member.
REQUIREDS	Signature of a me This document is execut I am aware that any false constitutes a third degree	tember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
REQUIREDS	Signature of a me This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
REQUIRED S	Signature of a me This document is execut I am aware that any false constitutes a third degree	tember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

as