## L24000009609

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

Office Use Only



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PECE STALLAHASSEE

2024

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MILLOYY DYNAMICS WITHERS 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:
Millard DVY
Name of Person
MILLOW AGRAMICS VCYTURS
255 gui MVC S
City/State and Zip Code
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  □S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  □S125.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee, Certificate of Status & □S160.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address

• . . . . .

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

millour danamic	s ) ) (
(Must contain the words "Limited Liability Con	<del>/ - \</del>
ADDICT P II Addice.	
ARTICLE II - Address: The mailing address and street address of the principal office of the L	imited Liability Company is:
Principal Office Address:	Mailing Address:
745 and due 5	6 Sime
Mayorry beach 47, 32119	
,	

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

another business entity with an active Florida registration.)

MINAVA ONV

Name

285 9411 ANU S AWPUNA BOWN

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

Output Vean F1 32114

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)

ARTICLE IV-

• • • • •

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

<u>Title:</u> "AMBR" = Authorize	Name and Address:
"MOR" = Manager	Millard OVV  235 Jun drive S, daytona brown  41 32019
-	
(Use attachment if nec	isary)
If an effective date is listed, the he date of filing.) Note: If the date inserted in the	ther than the date of filing:
RTICLE VI: Other provisions	fany.
This d I am a	gnature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. are that any false information submitted in a document to the Department of State tes a third degree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)