

L04000007846

(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



800027485098

01/29/04--01034--002 **125.00

RECEIVED JAN 29 AM 9:39
FILED
04 JAN 29 AM 9:39
TALLAHASSEE, FLORIDA
DEPT. OF REVENUE
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL HUTTER DRYWALL 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:

MICHAEL HUTTER
(Name of Person)

MICHAEL HUTTER DRYWALL LLC
(Firm/Company)

47 ROGER RD.
(Address)

CRAWFORDVILLE, FL. 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL R. HUTTER at (850) 556-4171
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
04 JAN 29 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL HUTTER DRYWALL LLC

ARTICLE II - Address:

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

Principal Office Address:

47 ROGER RD.
CRAWFORDVILLE, FL.
32327

Mailing Address:

47 ROGER RD.
CRAWFORDVILLE, FL.
32327

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

MICHAEL R. HUTTER
Name

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

CRAWFORDVILLE FLORIDA 32327
City, State, and Zip

FILED
01 JAN 29 AM 9:39
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 608, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MICHAEL R. HUTTER
47 ROGER RD.
CRAWFORDVILLE, FL. 32327

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MICHAEL R. HUTTER
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
04 JAN 29 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA