## 104000039071

(Red	questor's Name)	
(Address)		
(Add	dress)	
(City	//State/Zip/Phone	<del>) #</del> )
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Doc	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
517	FUL	C
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Office Use Only



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HLM.

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations				
TANIHANDI F CONCULTIN	0.110			
SUBJECT: PANHANDLE CONSULTING, LLC (Name of Limited Liability Company)				
(Name of Life	med Liability Company)			
The enclosed Articles of Organization and fee(s) are	submitted for filing.			
Please return all correspondence concerning this matter to the following:				
THOMAS HAMMOND				
(Name of Person)				
PANHANDLE CONSULTING, LLC				
(Firm/Company)	<del></del>			
6216 BILLOREE ROAD				
(Address)				
MILTON, FL 32571				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
THOMAS HAMMOND	at ( 850 ) 437-5883			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations			
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, Florida 32314			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limite	d Liability Company is:
PANHANDLE CONSULT	ING, LLC
ARTICLE II - Addres	s:

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

Principal Office Add	dress:	Mailing Address:	
6216 BILLOREE ROA	D	6216 BILLOREE ROAD	
MILTON, FL 32571	TAC	MILTON, FL 32571	
•	istered Agent, Registered Offi	ce, & Registered Agent's Signature:	- 04
	THOMAS HAMMOND	ned agent are.	Ē
	Name		
	6216 BILLOREE ROAD		
_	Florida street address (P.O. Boy	NOT acceptable)	

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, F.S..

Registered Agent's Signature

City, State, and Zip

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	THOMAS HAMMOND
<del> </del>	6216 BILLOREE ROAD
	MILTON, FL 32571
<del></del>	
<del></del>	
(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 of this document constituted that the facts stated here.)	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury in are true.)
THOMAS HAMMON	
Type	d 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)