

L04000046319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

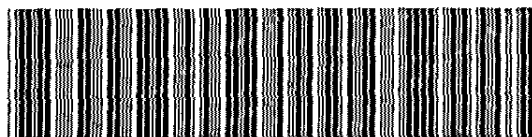
(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

Office Use Only



300038032253

06/21/04--01065--016 \*\*160.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN 21 PM 1:54

RECEIVED  
04 JUN 21 PM 1:50  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRAN JUN 21 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Haddock Services 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:

Jimmy Haddock  
(Name of Person)

Haddock Services LLC  
(Firm/Company)

17924 woodhaven Rd.  
(Address)

Fountain FL. 32438  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jimmy Haddock at 850, 722-4316  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN 21 PM 1:54

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN 21 PM 1:54

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Haddock Services 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:**

17924 woodhaven Rd.  
Fountain FL 32438

17924 woodhaven  
Fountain FL 32438

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

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

Jimmy Haddock - Jimmy Haddock  
Name

17924 woodhaven Rd.  
Florida street address (P.O. Box **NOT** acceptable)

Fountain FL 32438  
City, State, and 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 608, Florida Statutes..*

Jimmy Haddock  
Registered Agent's Signature

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUN 21 PM 1:54

**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"

Aleta J. Haddock

17924 Woodhaven Rd.  
Fountain, Fla. 32438

MGRM

Jimmy R. Haddock

17924 Woodhaven Rd.  
Fountain Fl. 32438

(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.)

Jimmy R. Haddock  
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)