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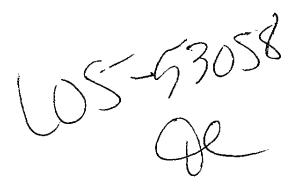
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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## TRANSMITTAL LETTER

TO: Registration Se Division of Co		-	
SUBJECT: J. W. Hit	chcock, LLC		
		d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
James V	V. Hitchcock	Y	
	(1	Name of Person)	
Sun Mountain Enter			
	(	Firm/Company)	
15522 Lake	Bella Vista Drive		
		(Address)	
Tamp	oa, Florida 33625		
	(City/	State and Zip Code)	
	_		
For further information	concerning this matter, please	call:	
James W. Hitchcock		at ( 917 \ 656-5584	
	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee &	☐ \$155.00 Filing Fee &	<b>☼</b> \$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	ET ADDRESS:	MAILING A	
Registration Section		Registration S	ection

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:				
J. W. Hitchcock, LLC	<u> </u>			
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
15522 Lake Bella Vista Drive	15522 Lake Bella Vista Drive			
Tampa, Florida 33625	Tampa, Florida 33625			
ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent's Signature:			
The name and the Florida street address	of the registered agent are:			
James W. Hitchcock				
	Name			
15522 Lake Bella Vista Drive				
Florida s	treet address (P.O. Box NOT acceptable)			
Tampa, Florida 33625 FL				
City	, State, and Zip			
liability company at the place designa registered agent and agree to act in this c	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and			
	as registered agent as provided for in Chapter \$08, F.S.			
and				
Registered	Agent's Signature			

(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:
Managing Member	James W. Hitchcock
	15522 Lake Bella Vista Drive
	Tampa, Florida 33625
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	ber or an authorized representative of a member.
(In accordance with s	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
James W. Hitchco	ock

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)

Page 2 of 2

Typed or printed name of signee