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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Codificates	of Status
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Office Use Only



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TRANSMITTAL LETTER

			-	•
TO: Registration Se Division of Co				
SUBJECT:	CHAEL HUTTER F	COOPING, LLC. d Liability Company)		-
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	MICHAGE HU	TTER Name of Person)		
	()	Name of Person)		
	lICHAEL HUTTER F	LOORING, LLC.		TALLI 05
	(rim/Company)		
<u></u>	47 Rober R	'o .		OS JUL -1 PH 3: 25
		(Address)		٠ ١ ١ ١
	CRAWFORDVILLO	5, FL 32327 (State and Zip Code)	·	25 DA
	City	Butte and Elp Code)		
For further information	concerning this matter, please	call:		
MICHAEL (Name	HUTTER of Person)	at (850) 556 - (Area Code & Daytime Te	4171 lephone Number)	-
Enclosed is a check for	or the following amount:		/	
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fili Certificate of Sta Certified Copy (additional copy is ex	itus &

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	ris:
MICHAEL HUTTER F	DORING, LLC.
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
47 Pogge PD. CRAWFORDINGE, FL.	47 POGEL RO CKANFORDHUE, FL.
32327	32327
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
The name and the Florida street address of the	he registered agent are:
MICHAGE H	ame
47 Roccal Florida street	t address (P.O. Box NOT acceptable)
Chawfoldytt City, Sta	te, and Zip
Having heen named as registered agent and	to accept service of process for the above stated limited

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

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 JUL - 1 PM 3: 25

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

IGR" = Manager IGRM" = Managing Member	
1GRM	MICHAEL HUTTER 47 ROGER PO. CREMEDODVILLE, FL. 32327
	-
se attachment if necessary)	
•	st be added if an effective date is requested.
QUIRED SIGNATURE:	
. //	0.14

(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.)

MICHAGE R. HOTTER

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)