(Re	equestor's Name)	
(Address)		
(Address)		
(Çit	ty/State/Zip/Phone	e #)
	☐ WAIT	
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	· letter	
	,	
<u>.</u>		

Office Use Only



800088202 HAR -2 PM 3:11

03/05/07--01001--008 \*\*130.00

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	
	(Name of Limited Liability Company)
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	DANÁE P. JOHNSON (Name of Person)
	GHATCHER LLC
	Po. Box 2534
	(Address)
	TALLAHASSEE, FLORIDA 32316-2534 P
	(City/State and Zip Code)
	(Firm/Company)  P.O. Box 2534  (Address)  TALLAHASSEE, FLORIDA 32316-253455  (City/State and Zip Code)  The information concerning this matter, please call:
	ANAE P. JOHNSON at (850) 212-8170  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for the following amount:
□ \$12:	5.00 Filing Fee \$\bigcup \frac{1}{30.00}\$ Filing Fee \$\bigcup \cappa \frac{1}{30.00}\$ Filing Fee \$\bigcup \cappa \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
GHATCHER LLC (Must end with the words "Limited Liability Company, "Limited	1 Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1500 MERCHANTS ROWBLYO#201 TALLAHASSER, FL 32311	P.O. BOX 2534 TALLAHASSEE, FL 32316-2534
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the repeated and the Florida street address of the Florida	gistered agent are:  ABLUD ZOI  ess (P.O. Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

10.

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DANÁE P. JOHNSON P.O. BOY 2534 TALLAHASSEL, FL 32316-2534
	OT MAR
	PSSEELF L
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: <u>MARCH</u> , 2007 (OPTIONAL)  De specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.

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)

ANÁE T. JOHNSON
Typed or printed name of signee