LID000053418

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
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D. BRUCE
MAY 18 2010
EXAMINER

PO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

May 14, 2010

SUBJECT:	Hartman Software Services, LLC			_
	Name	of Limited Liability Company	,	
The enclosed Articles of O	rganization and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:		
	Joyce	Hartman		
	Name	of Person		-
-		are Services, LLC	•	_
•	Firm/0	Company	·	
		nue Cannes		-
	Ac	Idress		
+·····································		FL 33558		-
	City/State	and Zip Code		
		tampabay.rr.com		_
	E-mail address: (to be used for	future annual report notification)) v. :	
			<u> </u>	
			MAY MAY	1
For further information cor	ncerning this matter, please cal	ll:	*** *** ** ** ** ** ** *	******
Joyce Hartman		(813) 514-7051	7 SEX	_ II.
Name of Person		Area Code & Daytime Tele	phone Number	IT
Employed is a shoot for t	ha fallanning amangs		∟്ഗ ആ	-
Enclosed is a check for the	ne following amount:		一 / 四号 on	- dell'ille
_\$125.00 Filing Fee &	_\$130.00 Filing Fee &	_\$155.00 Filing Fee	\$160.00 Filing Fee	
	Certificate of Status	Certified Copy	Certificate of Status &	
		(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
	Mailing Address	Street/Courier Address		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

are Services, LLC				
LIABILITY Company "L.L.C." or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Mailing Address:				
4411 Avenue Cannes Lutz, FL 33558				
Office, & Registered Agent ered Agent. You must designate an indegistered agent are:				
avid Clawson				
Name				
1 Avenue Cannes	52 AUN 25 S			
ress (P.O. Box NOT acceptable)	,			
utz, FL 33558				
y, State, and Zip	•			
accept service of process for to certificate, I hereby accept the y. I further agree to comply we formance of my duties, and I deed agent as provided for in C	ne appointment as with the provisions of all am familiar with and			
	incipal office of the Limited I Mailing Address: 4411 Avenue Cannes Lutz, FL 33558 Office, & Registered Agent ered Agent. You must designate an indi egistered agent are: avid Clawson Name Avenue Cannes ess (P.O. Box NOT acceptable) autz, FL 33558 y, State, and Zip accept service of process for the certificate, I hereby accept the comply we formance of my duties, and I deformance of my duties of the limited in the limit			

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	Joyce Hartman
	4411 Avenue Cannes
	Lutz, FL 33558

ARTICLE V: Effective Date

Effective date shall be the date of filing.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a

(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.)

> Joyce Hartman 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)