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T. HAMPTON  
MAR 31 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Carlie Hutchison, DC, PL

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:

N. Jane Puckett

Name of Person

East Washington Accounting Services, Inc.

Firm/Company

PO BOX 1006

Address

Pierson, FL 32180

City/State and Zip Code

medickj@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

N. Jane Puckett

Name of Person

at ( 386 ) 749-9010

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
CARLIE HUTCHISON, D.C., PL**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAR 30 AM 11:00

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

**CARLIE HUTCHISON, D.C., PL**

**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

5150 Williamstown Blvd., Lakeland, FL 33810

**ARTICLE III: PURPOSE**

The purpose for which this Limited Liability Company is organized is any lawful purpose including, but not limited to, the practice of chiropractic medicine.

**ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

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

Carlie Hutchison, D.C.  
5150 Williamstown Blvd.  
Lakeland, FL 33810

*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.*

  
CARLIE HUTCHISON, D.C.

**ARTICLE V: MANAGING MEMBER**

The name and address of the Managing Member is as follows:

Managing Member	Carlie Hutchison, D.C. 5150 Williamstown Blvd. Lakeland, FL 33810
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**ARTICLE VI: EFFECTIVE DATE**

The effective date of this Limited Liability Company shall be immediately.

**REQUIRED SIGNATURE:**

*Carlie Hutchison*  
CARLIE HUTCHISON, D.C.

✓ 3-25-2011  
DATE

(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.)

CARLIE HUTCHISON, D.C.  
Name of signee

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DIVISION OF CORPORATIONS  
11 MAR 30 AM 11:04