| • | |
|---|---|
| (Requestor's Name) | |
| | |
| (Address) | |
| | |
| (Address) | |
| (Addiesa) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | — |
| | |
| (Document Number) | _ |
| (Boddment Normber) | |
| | |
| Certified Copies Certificates of Status | _ |
| | |
| Special Instructions to Filing Officer: | |
| , | Ī |
| | |
| | |
| | - |
| | |
| | ı |
| | |
| | |

Office Use Only



600237661516

08/03/12--01017--018 **130.00

EFFECTIVE DATE

FILED"
12 AUG -3 PH 12: 36
NATIONAL ANY OF STATE FLORIDA

K.SALY EXAMINER AUG 6 2012

COVER LETTER

| TO: Registration of Division of | on Section f Corporations | | |
|---------------------------------|---|---|--|
| _{SUBJECT:} Hat | cher Process Servi | ce | |
| | · · · · · · · · · · · · · · · · · · · | ed Liability Company | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing. | |
| Please return all cor | respondence concerning this mat | ter to the following: | |
| Beverly | / H. Hatcher | | |
| | | Name of Person | |
| Hatche | r Process Service | | |
| | · • | Firm/Company | |
| 4354 D | ial Street | | |
| | | Address | |
| Marianna | a, FL 32448 | | |
| | Cit | y/State and Zip Code | |
| bhatcher | 32448@gmail.com | | |
| | E-mail address: (to be used | for future annual report not | tification) |
| For further informat | ion concerning this matter, please | e call: | |
| Beverly Hatch | er | _at (850) _57 | 73-0287 |
| Na | nme of Person | Area Code & Daytime Telephone Number | |
| Enclosed is a chec | k for the following amount: | _ | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fe Certified Copy (additional copy is cr | Certificate of Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courie Registration So Division of Co Clifton Buildi 2661 Executiv Tallahassee, F | ection orporations ng ve Center Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



Hatcher Process Service, LLC

(Must end with the words "Limited 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:

| Principal Office Address: | Mailing Address: |
|--|---|
| 4354 Dial Street Marianna, Florida 32448 | 4354 Dial Street Marianna, Florida 32448 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate an individual or another |
| Beverly H. Hatcher | |
| Name | SST. P. M. |
| 4354 Dial Street | |
| Florida street ad | Idress (P.O. Box NOT acceptable) |
| Marianna | FL 32448 |
| City, S | tate, and Zip |

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 (REQUIRED

(CONTINUED)

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | |
| MGR | Beverly H. Hatcher |
| | 4354 Dial Street |
| | Marianna, FL 32448 |
| | |
| | |
| | |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| (Use attachment if necessary) | |
| FICLE V: Effective date, if other than | n the date of filing: September 1, 2012 (OPTIONAL) ast be specific and cannot be more than five business days pr |
| FICLE V: Effective date, if other than in effective date is listed, the date mu | n the date of filing: September 1, 2012 (OPTIONAL) ust be specific and cannot be more than five business days pri |
| FICLE V: Effective date, if other than in effective date is listed, the date mu r 90 days after the date of filing.) | n the date of filing: September 1, 2012 (OPTIONAL) ast be specific and cannot be more than five business days pri |
| FICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: | ist be specific and cannot be more than five business days pr |
| FICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a my (In accordance with section) | ist be specific and cannot be more than five business days pr |

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)

Beverly H. Hatcher

Typed or printed name of signee