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PICK-UP	WAIT	MAIL
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J. Shivers APR 2.4 2014



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2014

AIMEE HITCHNER 1847 PALM LANE ORLANDO, FL 32803

SUBJECT: CALDWELL HITCHNER, PLLC

Ref. Number: W14000023753

We have received your document for CALDWELL HITCHNER, PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00008031

will ement

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations	
<u>-</u>	
SUBJECT: Caldwell Hitchner, PL	
	Name of Limited Liability Company
The enclosed Articles of Organization	and fee(s) are submitted for filing.
Please return all correspondence cond	erning this matter to the following:
Aimee Collins Hitchner	
	Name of Person
,	
	Firm/Company
1847 Palm Lane	
	Address
Orlando, FL 32803	
	City/State and Zip Code
ahitchner@mac.com	ss: (to be used for future annual report notification)
For further information concerning th	is matter, please call:
Aimee Collins Hitchner	at (_407) 694-3755
Name of Person	Area Code Daytime Telephone Number
	·
Enclosed is a check for the following	amount:
\$125.00 Filing Fee \$130.00 Filing Certificate	
Mailing Address Registration Section Division of Corpora P.O. Box 6327	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar	ne:	·	
The name of the L	imited Liability Company is:		
Caldwell Hitchne	er, PLLC		•
	(Must end with the words "L	imited Liability Company, "L.L.C.," or "Ll	LC.")
ARTICLE II - AC		el a company de la company	
J	·	cipal office of the Limited Liability Compa	ny is:
Principal Office A	Address:	Mailing Address:	
4767 New Broad Orlando, FL 328		1847 Palm Lane Orlando, FL 32803	
(The Limited Liab		Office, & Registered Agent's Signature: ts own Registered Agent. You must designalistration.)	ate an individual or
The name and the	Florida street address of the reg	istered agent are:	
	Aimee Collins Hitchner		
		Name	
	1847 Palm Lane	O. Box NOT acceptable)	
	Orlando	FL 32803	
	City	Zip	
the place design capacity. I furth	gnuted in this certificate, I hereby her agree to comply with the prov	ecept service of process for the above stated in accept the appointment as registered agent visions of all statutes relating to the proper of the obligations of my position as registered Chapter 605, F.S	nt and agree to act in this and complete performance

AMBR Aimee Collins Hitchner 1847 Palm Lane Orlando, FL 32803 AMBR Amanda L. Caldwell 37 Town Center Loop, Unit 318 Santa Rosa Beach, FL 32459 CITICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or date of filing.) CITICLE VI: Other provisions, if any, or the purpose of the practice of law. REQUIRED SIGNATURE: Signature of a infember or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Amee Collins Hitchner Typed or printed name of signee	<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:	
AMBR Amanda L. Caldwell 37 Town Center Loop, Unit 318 Santa Rosa Beach, FL 32459 FICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or date of filing.) FICLE VI: Other provisions, if any, the purpose of the practice of law. REQUIRED SIGNATURE: Signature of a intember or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Amee Collins Hitchner Typed or printed name of signee	'MGR" = Manager	Aimee Collins Hitchner	
Amanda L. Caldwell 37 Town Center Loop, Unit 318 Santa Rosa Beach, FL 32459 [Use attachment if necessary] FICLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) CICLE V: Effective date, if other than the date of filing:		Orlando, FL 32803	
(Use attachment if necessary) **CICLE V: Effective date, if other than the date of filing:	AMBR	Amanda I., Caldwell	
(Use attachment if necessary) CICLE V: Effective date, if other than the date of filing:		37 Town Center Loop, Unit 318	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) PICLE V: Effective date, if other than the date of filing:		Santa Rosa Beach, FL 32459	
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(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing:			
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REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this documen constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) At mee Collins Hitchner Typed or printed name of signee	(Use attachment if necessary)		
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Page 2 of 2	REOUIRED SIGNATURE: Signature of a member of (In accordance with section 605.0203 (constitutes an affirmation under the per I am aware that any false information s constitutes a third degree felony as pro Americal Livers (Status (Optional)) \$ 5.00 Certificate of Status (Optional)	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this denalties of perjury that the facts stated herein are submitted in a document to the Department of Sivided for in s.817.155, F.S.) IS Hithrer or printed name of signee Filing Fees: on and Designation of Registered Agent	ocument state TALLAHRA

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-