U14 000125922

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COVER LETTER

Division of Corporations		
SUBJECT: Hall & What LLC		
Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
William J. Hall		
	Name of Person	
4-9-4-9-10	Firm/Company	
6281 Holloway Road		
6261 Holloway Nogu	Address	//
Baker, Florida 32531		
	City/State and Zip Code	
ionathanhall850@gmail.com E-mail address (to be use	d for future annual report notifica	ation)
For further information concerning this matter, ple	ase call:	
	850) <u>902-3917</u>	
Name of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\text{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	Street/Courier Add	ress
Registration Section Division of Corporations	Registration Section Division of Corporat	tions
P.O. Box 6327	Clitton Building	
Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Hall & What, LLC (Must end with the words "Limited Li	ability Company, "L L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6281 Holloway Road Baker, Florida 32531	6281 Holloway Road Baker, Florida 32531
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
William J. Hall	
Name	
6281 Holloway Road Florida street address (P.O. Box N	OT acceptable)
Baker	FL 32531
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatur	M. (REQUIRED)
regioned right and gillion	(i) -2
(CONTINUEI))
Date Lof?	

Title:	Name and Address:
"AMBR" = Authorized Member	Contract to the same state.
"MGR" = Manager	
AMBR	Jonathan Hall
	6281Holloway Road
	Baker, Florida
AMBR	Stephan Whatmough
	1096 Lighthouse Church Road
	Baker, Florida 32531
	
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Use attachment if necessary) EV: Effective date, if other than ctive date is listed, the date must filling.)	the date of filing:
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