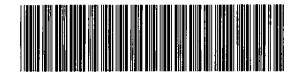
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DEPARTMENT OF STATE

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SEGRETARY OF STATE
ALLAHASSEF, STORIE

FILED

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: THE HACKER Company LLC 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:	the state was a six
Roger D. Hacker	
Name of Person	•
1562 SE BAYA DR	
Lake City, F1 32025	
E-mail address: (to be used for future annual report to tification)	·
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	144、小狗鱼 如果 155
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address New Filing Section Street Address New Filing Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

À	R	TI	C1	Æ	Ţ	Na	me.

The name of the Limited Liability Company is:

THE HACKER COMPANY // (Must contain 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:

Princip	pal Office Address:	<u>Mailing A</u>	ddress:			
1562 5.	E. Boya DR	<u> </u>	· · · ·			
LDKE C	144, Fl 32025			<u> </u>		
(The Limited Liability Company another business entity with an	gent, Registered Office, & Registere y cannot serve as its own Registered A active Florida registration.) address of the registered agent are:	agent. You must designate a	n individual or	SECRETARY SALLAHASSE	-	Material (,) Y
	Roger D. Florida street address (P.O. Box)	BOYA DR. NOT acceptable)	- 	AN 8: 56 OF STATE E FLORIGE	ED	
	Lake City, A. State	32025 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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

New Contract of the

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		अस्ति स्टब्स् ८
17 and Manager	Roger D. Hocker I	
	1562 5. E. Bly DD. LAKE City DI 32026	•
Mosaya	Roseo D. Hockee T.	
	1502 5.E. BEYO DO. 1 AKO CUM FI 32025	•
Managen	Joe HACKET	,
)	785397CT. FINE OAK, FIN 32060	
		`.
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the date of filing	: (OPTIONAL)	<u>:</u>
	d cannot be more than five business days prior to or 90 days afte	r
	applicable statutory filing requirements, this date will not be listed	as
	S records.	्र अध्यक्ष क्षास्त्र त
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		,

Filing Fees:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

that men