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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Ethun Hatchey's Name of Limited Liability Company
Name of Islands of Supers
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ethau Hatcher
Name of Person
2612 NW 47th Ave
Address
Guinesville, Florida, 32605 City/State and Zip Code Tartano880 Gmail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ethun Hutcher at (850) 868 1183
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Sec. 44 Dec.
<u>Mailing Address</u> New Filing Section  Street Address  New Filing Section
Division of Corporations Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tullahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE I - Name:

The name of the Limited Liability Company is:

ne mailing address and street a	nddress of the principal office address:	ce of the Limited	Liability Company is: <u>Mailing Addi</u>	<u>'ess</u> :
2012 NW 4 Florian 326	74AVI Gainesvina	26 E101	12 NW 47HAVE	GuirefVille
RTICLE III - Registered Ag he Limited Liability Compan nother business entity with an	ent, Registered Office, & y cannot serve as its own R	Registered Ager egistered Agent.	it's Signature:	
ne name and the Florida street				
	Ethin Hut.	cher_		
	2612 NW L Florida street address (	1 ( th	ccentable)	
		(1.0.00x <u>1.021</u> 4		
		Florida	32605	
	Gainerville City	Florida State	_32605 Zip	
ving been named as registered ce designated in this certificat ther agree to comply with the f familiar with and accept the d	City  I agent and to accept service e, I hereby accept the appoil provisions of all statutes relabilizations of my position ar	e of process for the intment as register ating to the prope seggistered agent	e above stated limited lial ed agent and agree to act r and complete performa	t in this capacity. T <del>we of</del> my duties, and

FUSETABY OF STAIL

itle:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGR	Ethin Hutcher 2612 47th nuc Gninesville Florida 32605
	2612 47HL W/ Ginesville
	Florida 32605
	,, .
V: Effective date, if other than the cetive date is listed, the date must be filing.) he date inserted in this block does not be determined.	date of filing:
EV: Effective date, if other than the cetive date is listed, the date must be filting.) the date inserted in this block does ment's effective date on the Departm EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 do of meet the applicable statutory filing requirements, this date will not be ent of State's records.
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