

L20000081489

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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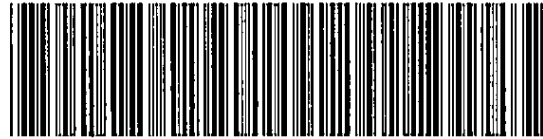
(Business Entity Name)

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MAR 06 2020

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAR -6 PM 12:03

TO: Registration Section
Division of Corporations

SUBJECT: Allister Batchen, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel Popper
RACHEL POPPER P.A.
8461 Lake Worth Rd. #185
Lake Worth, FL 33467
E-mail address (to be used for future annual report notification): rachel@rachelpopperpa.com

For further information concerning this matter, please call:

Rachel Popper at (561) 355-0300

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF ORGANIZATION
OF
ALLISTER BATCHEN, LLC**

ARTICLE I – NAME

The name of the limited liability company is Allister Batchen, LLC. ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
1200 Old Dixie Hwy, Ste 1
Lake Park, Florida 33403

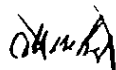
Mailing Address:
PO Box 2057
Jupiter, Florida 33468

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Allister Batchen
1200 Old Dixie Hwy, Ste.1
Lake Park, Florida 33403

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.



Allister Batchen

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Name and Address:

Allister Batchen
1200 Old Dixie Highway, Ste. 1
Lake Park, FL 33403

REQUIRED SIGNATURE:



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

Allister Batchen

Typed or printed name of signee