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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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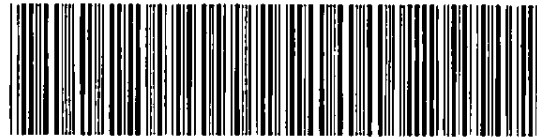
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR 22 AM 10:31

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UNITED STATES OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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# Articles of Organization

of

## Touchton Services, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FL

\*\*\*\*\*

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **Touchton Services, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION.**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business in Florida for the Company is **317 Mabry Street, Apt. 222, Tallahassee, FL 32304**. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The address of the place of business is **317 Mabry Street, Apt 222, Tallahassee, FL 32304**. Such address may be changed from time to time as provided in the Operating Agreement.

6. **REGISTERED AGENT.**

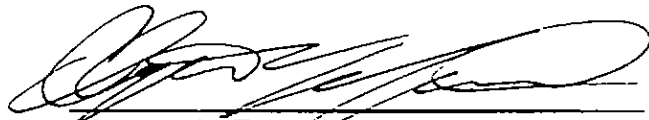
The initial registered agent in Florida for the Company is: **Clayton L. Touchton**; the initial registered office is located at **317 Mabry Street, Apt 222, Tallahassee, FL 32304.**

7. **MANAGEMENT.**

The names and address of the persons authorized to manage and control the Limited Liability Company are as follows:

**Clayton L. Touchton  
317 Mabry Street  
Apt 222  
Tallahassee, Florida 32304**

EXECUTED at Tallahassee, Leon County, Florida this 22 day of April, 2022.

  
Clayton L. Touchton

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **Touchton Services, LLC.**
2. The name of the registered agent and office is: **Clayton L. Touchton, 317 Mabry Street, Apt 222, Tallahassee, FL 32304.**

**ACKNOWLEDGEMENT**

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



**Clayton Touchton, Registered Agent**

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**2022 APR 22 AM 10:32**  
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TALLAHASSEE, FL