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	(Requestor's Name)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Address)
_ _	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
-	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
r	
Special Instructions to	Filing Officer:





700416137077



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 9/22/2023	_		**WALK IN
NTITY NAME HATCH	HLING HOUSE, LL	C	VV12234 31V
WIII WALL	,		
OCUMENT NUMBER_			
	PLEASE FILE TH	HE ATTACHED AND RETURN	
	Plain Copy		
	Certified Copy		
XXXXX	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sti		
	APOSTILLE' / N	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINA			
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED 130.00	-	ACCOUNT #: I20160000072)
		5 8 FM	

COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	Hatchling House, LLC		
00000		Name of Limited Liability Company	
The enclo	sed Articles of Organization a	nd fee(s) are submitted for filing.	
Please ret	urn all correspondence concert	ning this matter to the following:	
	James A Mayes		
		Name of Person	-
	Hatchling House, LLC		
		Firm/Company	
	204 Timpoochee Drive		
		Address	
	Indian Harbour Beach, Flori	ida 32937	
	jimamayes@gmail.com	City/State and Zip Code	
		(to be used for future annual report notificat	tion)
For further	information concerning this ma	atter, please call;	
	James A Mayes	321 591-2301 at ()	
	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed	is a check for the following am	iount:	
⊡\$125.0	0 Filing Fee		□S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section Division of Corporation	New Filing Section D ons The Centre of Tallah	vivision assee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

то:	New Filing Section of Cor				
SUBJE	Hatchling H				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			of Limited Liab	lity Company	
The enc	losed Articles of	Organization and fee	(s) are submitte	d for filing.	
Please re	eturn all correspo	ndence concerning th	is matter to the	following:	
	James A May	/es			
		<u>-</u>	Name o	f Person	
	Hatchling Ho	ouse, LLC			
	-		Firm/C	ompany	
	204 Timpooc	hee Drive			
			Add	ress	
	Indian Harbo	ur Beach, Florida 32	937		
	jimamayes@g	mail.com	City/State a	nd Zip Code	
			used for future	annual report notificat	ion)
For furthe	er information cor	ncerning this matter. p	olease call:		
	James A May		321	591-2301	
	Namo	of Person	Area Code	Daytime Telephor	ne Number
Enclosed	d is a check for th	e following amount:			
□\$125.	00 Filing Fee	■\$130.00 Filing F Certificate of Statu	s Certif	55.00 Filing Fee & led Copy nal copy is enclosed)	☐S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fil Divisio P.O. Bo	z Address ling Section n of Corporations ox 6327 ssec, FL 32314		Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre Tallahassee, FL 3230	ussee ct, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>}</u> ;	latchling House, LLC	
	(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
RTICLE II	ldress and street address of the principal office of	Sthall imited Liability Commences.
ne mailing ac	Principal Office Address:	
		Mailing Address: Same

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

James A Maves		
N	ame	
204 Timpoochee Drive		
Florida street address (P	.O. Box NOT acc	ceptable)
Indian Houbour Beach	Florida	32937
City	State	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" - Authorized Member	
"MGR" = Manager	
AMBR	James A Maves
	204 Timpoochee Drive
	Indian Harbour Beach, Florida 32937
<u>AMBR</u>	Dana M Maves
	204 Timpoochee Drive
	Indian Harbour Beach, Florida 32937
	
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(Use attachment if necessary)	
the document's effective date on the Depar ARTICLE VI: Other provisions, if any, Any and All Business Purposes	s not meet the applicable statutory filing requirements, this date will not be listed a tment of State's records.
	<u> </u>
REQUIRED SIGNATURE:	
	/ <i>j</i> ·
Simple	
This document is	f a member or an authorized representative of a member.
I am aware that an	executed in accordance with section 605.0203 (1) (b). Florida Statutes.
constitutes a third	y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	6, as provided for at 8.017.133, 1.3.
James	A Maves
	Typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for Articles	of Organization and Designation of Pagistared Appea
3 30.00 Certified Copy (Option	ial)
\$ 5.00 Certificate of Status (O	ptional)
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