# L25000017566

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(Business Entity Name)
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### COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Derek kutto parting LLC  Name of Limited Liability Company  LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Hutto
Name of Person
Firm/Company
Perek Hutto parting LLC.
Crantordille H. 32327
Drock 6330 ame 1.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Hutton 470, 985-7116
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)

# Mailing Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

De	orch tlutto pai	ntinale		
(Must cont	ain the words "Limited Liability Con	npany, "L.L.G.," of "LLC.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the L	imited Liability Company is:		
Princip Of Mask Craphinger	al Office Address:	Mailing Addr 24. NGS KCYP/ Craw Endv//	ess: 51. <del>/es/=</del> 1.	\$)3 <u>2</u>
(The Limited Liability Company another business entity with an	ent. Registered Office, & Registered of cannot serve as its own Registered of active Florida registration.)  address of the registered agent are:    Dames Hutt		ECRETARIOS TALLARAS	
	Florida street address (P.O. Box 2	7. 32327 Zip	STATE STATE	.•
place designated in this certificate, further agree to comply with the pr	agent and to accept service of process I hereby accept the appointment as re- ovisions of all statutes relating to the policy digations of my position as registered	egistered agent and agree to act i proper and complete performanc	in this capacity. I re of my duties, an	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"AMBR" = Authorized Member "MGR" = Manager	Same and Address: Hutto Lames Hutto Lingskapi St. Crawlord Ville 173327
	\$E(
(Use attachment if necessary)	
effective date is listed, the date must be spete of filing.) If the date inserted in this block does not nocument's effective date on the Department.	of filing:
CLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	DAM.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

**S** 5.00 Certificate of Status (Optional)