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## **COVER LETTER**

TO: New Filing Section
Division of Corporations

SUBJECT		Services LLC			
SUBJECT	. •	Name of	Limited Liabi	lity Company	
The enclos	sed Articles of	Organization and fee(s	) are submitte	d for filing.	
Picase retu	ırn all correspo	ondence concerning this	matter to the	following:	
	Joshua Herso	chlag			
			Name o	f Person	
	ЈН ВАТМ S	ervices			
			Firm/C	ompany	
	149 Sycamo	re Drive			
			Add	ress	
	East Strouds	burg, PA 18301			
	joshnviv@ptd	nat	City/State a	nd Zip Code	
		E-mail address: (to be u	sed for future	annual report notificati	on)
For further i	nformation co	ncerning this matter, pl	ease call:		
	Joshua Hersc	hlag	570 (	460 6524	
	Nam	e of Person	·	Daytime Telephon	e Number
Enclosed i	s a check for t	he following amount:			
□\$125.00	) Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Division P.O. B	ng Address iling Section on of Corporations lox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810

## FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01/20/23

NAME: JH BATM SERVICES, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

# ARTICLE I - Name: The name of the Limited Liability Company is: JH BATM Services LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 149 Sycamore Drive East Stroudsburg, PA 18301 East Stroudsburg, PA 18301

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Paracorp Incorporated

City

Tallahassee

155 Office Plaza Drive, 1 st floor

another business entity with an active Florida registration.)

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

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..

Name

Florida street address (P.O. Box NOT acceptable)

FL

State

32301

Sec Attached

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

<u>l'itle:</u> 'AMRR" = A	uthorized Member	Name and Address:	
MGR"≃ Ma		4	
AMBR		Joshua Herschlag	
AIVIBR	<del></del>	149 Sycamore Drive	<del></del>
		East Stroudsburg, PA 18301	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

## STATE OF FLORIDA

## REGISTERED AGENT CONSENT FORM

DIVISION OF BY LEGISLA 23 JAN 20 PH 4: 03

DATE:

1/20/2023

**ENTITY NAME:** 

JH BATM Services LLC

### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated