

L17000110763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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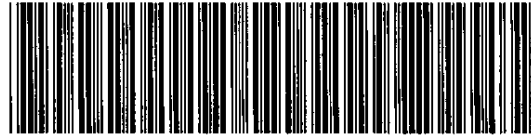
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NI 5/22/17

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**  
P.O. Box 6327 Clifton Building  
Tallahassee, FL 32314

**SUBJECT: 1048 THB, LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Alexander S. Keenan, Esq.  
c/o The Law Office of Alexander Sherwood Keenan, PLLC  
2600 South Road, Suite 44-296  
Poughkeepsie, NY 12601

E-mail address: (to be used for future annual report notification):  
junelayne@hotmail.com

For further information concerning this matter, please call:

Alex Keenan  
845-345-2123

Enclosed is a check for the following amount:

\$155.00  
Filing Fee & Certified  
Copy (additional copy  
enclosed)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**1048 THB, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:** 42 Wintergreen Place  
Hopewell Junction, New York 12533

**Mailing Address:** 42 Wintergreen Place  
Hopewell Junction, New York 12533

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

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

**Andrew Booth  
1437 Deuce Circle  
Davenport, FL 33896**

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*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)

**ARTICLE IV-**

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

|               |                                   |
|---------------|-----------------------------------|
| <b>Title:</b> | <b>Name and Address:</b>          |
|               | Terence Owens                     |
| AMBR          | 42 Wintergreen Place              |
|               | Hopewell Junction, New York 12533 |

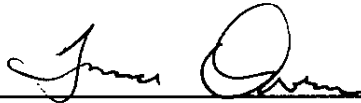
|      |                                   |
|------|-----------------------------------|
|      | Junelayne Owens                   |
| AMBR | 42 Wintergreen Place              |
|      | Hopewell Junction, New York 12533 |

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_

**ARTICLE VI:** Other provisions, if any.

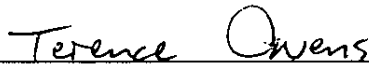
**REQUIRED SIGNATURE:**

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



\_\_\_\_\_  
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.



\_\_\_\_\_  
Typed or printed name of signee