

L03000021710

KEW SAXON CPA
(Requestor's Name)

1154 BOULEVARD COURT PLACE
(Address)

(Address)

TALLAHASSEE FL 32301
(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

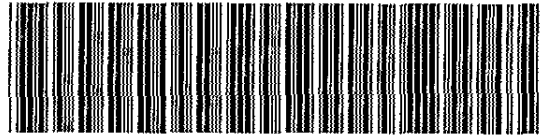
THAND LLC
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
THAND LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
285 N RAILROAD STREET
MONTICELLO FL 32344

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

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

LISA COLE

Name

121-B LOCKE ST

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

TALLAHASSEE

FL 32301

City, State, and 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 608, F.S.



Registered Agent's Signature

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LISA COLE

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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