



TRANSMITTAL LETTER

FILED  
03 DEC -3 PM 2:43  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

TO: Registration Section  
Division of Corporations

SUBJECT: THOMAS M. HOLLEY BUILDER, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS M. HOLLEY  
(Name of Person)

THOMAS M. HOLLEY BUILDER, LLC  
(Firm/Company)

1370 LAKEWOOD DR.  
(Address)

JACKSONVILLE, FL 32259  
(City/State and Zip Code)

For further information concerning this matter, please call:

TOM HOLLEY at ( 904 ) 655-5123  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THOMAS M. HOLLEY BUILDER, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

1370 LAKEWOOD DR.  
JACKSONVILLE, FL 32259

**Mailing Address:**

1370 LAKEWOOD DR.  
JACKSONVILLE, FL 32259

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

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

THOMAS M. HOLLEY  
Name

1370 LAKEWOOD DR.  
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FLORIDA 32259  
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, Florida Statutes..*

Thomas M. Holley  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR.

THOMAS M. HOLLEY

1370 LAKEWOOD DR

JACKSONVILLE, FL 32259

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(Use attachment if necessary)

**ARTICLE ~~V~~ EFFECTIVE DATE**

THESE ARTICLES OF ORGANIZATION SHALL BE EFFECTIVE DECEMBER 1ST 20

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Thomas M. Holley

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.)

THOMAS M. HOLLEY

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)