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(City/State/Zip/Phone #)

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03 DEC 15 AM 9:10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

03 DEC 15 AM 9:10

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thomas Platt 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 D. Platt
(Name of Person)

Thomas Platt LLC
(Firm/Company)

848 Whiddon Lake Road
(Address)

Crawfordville, FL 32327
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 15 AM 9:10

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For further information concerning this matter, please call:

Thomas Platt at (850) 926-9046
(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**

FILED
03 DEC 15 AM 9:10
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Thomas Platt LLC

ARTICLE II - Address:

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

Principal Office Address:

848 Whiddon Lake Road

Crawfordville, FL 32327

Mailing Address:

848 Whiddon Lake Road

Crawfordville, FL 32327

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

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

Thomas D. Platt

Name

848 Whiddon Lake Road

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

Crawfordville, FLORIDA 32327

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 D. Platt

Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Thomas D. Platt
848 Whiddon Lake Road
Crawfordville, FL 32327

03 DEC 15 AM 9:10
FILED
CLERK OF DISTRICT
JUDICIAL CIRCUIT
FALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Article 5
Effective Date
1-1-04

Thomas D. Platt
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 D. Platt
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)