

L03000056737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

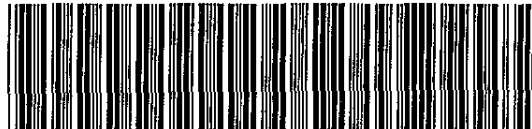
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900025633039

12/30/03--01038--016 **125.00

RECEIVED
03 DEC 30 PM 1:17
DIVISION OF CLERK OF COURT

FILED
SECRETARY OF STATE
DIVISION OF CLERK OF COURT
03 DEC 30 AM 10:54

Thomas McHaffie
 Requester's Name
 PO Box 12546
 Address
 Tallahassee, FL 32317
 City/State/Zip
 Phone #
 850-933-8125

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
 (Corporation Name) (Document #)
 2. _____
 (Corporation Name) (Document #)
 3. _____
 (Corporation Name) (Document #)
 4. _____
 (Corporation Name) (Document #)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 103 DEC 30 AM 10:54

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

Articles of Organization

Article I NAME

The name of this Limited Liability Company is **Thomas McHaffie, LLC.**

Article II PRINCIPAL OFFICE

The address of the principle office is 1431 Pine Street, in the city of Tallahassee, Florida. The mailing address of Thomas McHaffie, LLC is PO Box 12546, Tallahassee, FL, 32317-2546.

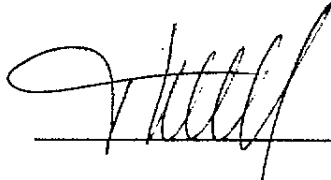
Article III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent and office is:

Thomas Nichols McHaffie
1431 Pine Street
Tallahassee, FL 32303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 30 AM 10:54

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, FS..



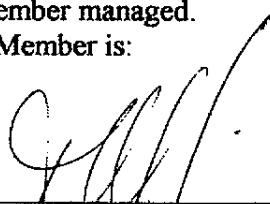
Signature of Registered Agent

Article IV MANAGEMENT

This limited liability company shall be member managed.

The name and address of the Managing Member is:

Thomas Nichols McHaffie
1431 Pine Street
Tallahassee, FL 32303



Thomas N. McHaffie, Member

EFFECTIVE DATE
is 1-1-04

(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.)