Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040000016193)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBÇO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Thomas Hicks LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu.

Corporate Filing

Public Access Help

JAN -5 PH 4: 31

AUCHINED

IF CORPORATION

H04000001619

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: Thomas Hicks LLC

## ARTICLE II - Address

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

Principal Office Address:	Mailing Address:	SEC	04 J	
525 Production Blvd.	525 Production Blvd.	A A	#	
Naples, FL 34104	Naples, FL 34104	ASSEE,	T	
		FOR FOR		
		¥m	쯦	

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Thomas Hicks
Name
1290 St. Clair Shores Road
(P.O. Box or Mail Drop Box NOT Acceptable)
Naples, FL 34104
(City / State / 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 - Thomas Hicks

	anager(s) or Managing Member(s): s of each Manager or Managing Member is as follows:	11040000	21619
<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: gMember		–
MGRM	Thomas Hicks - 1290 St. Clair Shores Road, Naples, l	FL 34104	
<u> </u>			
·			<u>.</u>
(Use attachment if neo	cessary)	SECRE TALLAN	·
REQUIRED SIGNA	ATURE:	-5 PH	
~-	Signature of a member or authorized representative of a member.	UPIDA STATE LORIDA	
	( In accordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury that stated herein are true.)		
	Thomas Hicks		
	Typed or printed name of signee		