

LO4 000008212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

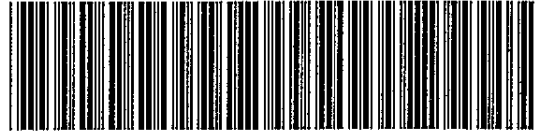
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100027438791

01/23/04--01042--009 **130.00

RECEIVED BY CLERK OF STATE
TALLAHASSEE, FLORIDA

04 JAN 23 PM 11:22

FILED

LO4-8212
OK

ENCLOSED IS MY APPLICATION FOR ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY AND A CHECK FOR
THE AMOUNT OF \$130.00 (\$100 filing fee; \$25 Designation of Registered
Agent; \$5 Certificate of Status)

THERESA A. SMITH
117 BURMA ISLAND RD
LEESBURG, FL. 34788

TELEPHONE # 352-357-6797
Cell# 352-250-3219

FILED

04 JAN 23 PM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THAS. LLC.

ARTICLE II - Address:

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

117 BURMA ISLAND RD. LEESBURG, FL. 34788

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

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

THERESA A. SMITH
Name
117 BURMA ISLAND RD.
Florida street address (P.O. Box **NOT** acceptable)
LEESBURG FL 34788
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.

Theresa A. Smith
Registered Agent's Signature

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

Theresa A. Smith
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.)

THERESA A. SMITH
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 23 14:11:22

FILED