

L04000012538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

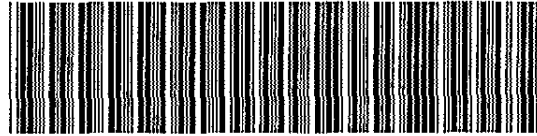
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 FEB 17 AM 9:10

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TB Construction 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 Broach  
(Name of Person)

TB Construction LLC  
(Firm/Company)

RT. 4 Box 240  
(Address)

HAVANA FLORIDA 32333  
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY GOOCH at (850) 599-6125  
(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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA  
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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TB Construction LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

RT 4 Box 240

HAVANA FLORIDA

32333

**Mailing Address:**

RT 4 Box 240

HAVANA FLORIDA

32333

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

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

Thomas Broach

Name

RT. 4. Box 240

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

HAVANA FLA FLORIDA 32333

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 Broach

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MANAGER

Thomas Broach  
Rt. 4 Box 240  
HAVANA FL 32333

MANAGING MEMBER

Tulver Gamew  
Rt. 4. Box 240  
HAVANA FL 32333

MANAGING MEMBER

Joseph D. Robinson  
Rt. 4. Box 240  
HAVANA FL 32333

MANAGING MEMBER

Kerth A. Cooper  
Rt. 4. Box 240  
HAVANA FL 32333

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Thomas Broach  
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 Broach  
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)