Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H05000029210 3)))

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone: (212)431~5000

Fax Number: (212)431-1441

RECEIVED

SFEB-3 PH 2: 06

VISION OF CORPORATION

LIMITED LIABILITY COMPANY

T&H,LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

05 FEB -3 AM 9: 09 SEORETART S.A.E. TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

2/3/2005

Fax:888-692-9256

H050000292103

		,	•
AR	TICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILII	Y COMPANY
	RTICLE I - Name: e name of the Limited Liability Company is:	•	
<u>T 8</u>	R H, LLC	; ;	
AI Th	RTICLE II - Address: te mailing address and street address of the pri	incipal office of the Limited Liab	ility Company is:
<u>Pr</u>	incipal Office Address:	Mailing Address:	;
10	10 Ocean Shore Bivd.	1010 Ocean Shore Blvd.	
	mond Beach, FL 32176	Ormond Beach, FL 32176	
	RTICLE III - Registered Agent, Registered agent, Registered and the Florida street address of the results and the Florida street address of the results are also as the result		lignature:
	Robert E.W. McMillan	•	;
	Name		
	1010 Ocean Shore Blvd.	<u> </u>	:
;	Florida street add	ress (P.O. Box NOT acceptable)	
	Ormond Beach, FL 32176	•	•
	City, State, a	and Zip	•
	Having been named as registered agent and to a liability company at the place designated in t	accept service of process for the ai his certificate, I hereby accept the	bove stated limited appointment as
n	egistered agent and agree to act in this capacit	y. I further agree to comply with t	he provisions of all
	statutes relating to the proper and complete pe	erformance of my duties, and I am	familiar with and
	accept the obligations of my position as regi	stered agenflys provided for in Ch	apter 608, F.S.
	Last Will	1/1/12	; ;
	Registered Agent	s Signature	
		H050000292103	OS FEB
		11030000272103	
BlumbergExcelsion	r Corporate Services, Inc.		ASSI
62 White Street New York, NY 100	(CONTIN	(UED)	<u></u>
,	Poor 1 of	2	

H050000292103

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Fax:888-692-9256

<u> Citle:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	:
MGRM	Robert E.W. McMillan
	1010 Ocean Shore Blvd.
	Ormond, FL 32176
•	
MGRM	Tina Kayat
	1010 Ocean Shore Blvd.
	Ormond, FL 32 76
<u> </u>	
•	
•	
144	
•	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	n en
	ALC: A CONTRACT OF THE CONTRAC
بنب ،	execution bount
X	
Signature of a memo	er or an authorized representative of a member.
(In accordance with so	ection 608.408(3), Florida Statutes, the execution
of this document cons that the facts stated	titutes an affirmation under the penalties of perjury
tille die 180% stated	iteletia and utdet)
LEY NO.	
T	
	ASS 3
Filing Fees:	
\$125.00 Filing Fee for Articles of Org	ranization and Designation
of Registered Agent	و ي
\$ 30.00 Certified Copy (Optional)	9: 09 LORID
\$ 5.00 Certificate of Status (Option:	

Page 2 of 2