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05 AUG 23 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

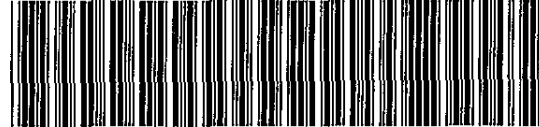
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RECEIVED  
05 AUG 23 AM 9:34  
H. ROBERT G. STATE  
OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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TO: Registration Section  
Division of Corporations

05 AUG 23 AM 9:45

SUBJECT: THOMAS H. YOUNG, LLC SECRETARY OF STATE  
(Name of Limited Liability Company) TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS H. YOUNG  
(Name of Person)

THOMAS H. YOUNG, LLC  
(Firm/Company)

3815 BLUE BIRD DRIVE  
(Address)

MARIANNA, FL 32446  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS H. YOUNG, LLC at (850) 482-4185  
(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

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

**FILED**

05 AUG 23 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

THOMAS H. YOUNG, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3815 BLUE BIRD DRIVE  
MARIANNA, FL 32446

**Mailing Address:**

3815 BLUE BIRD DRIVE  
MARIANNA, FL 32446

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

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

THOMAS H. YOUNG  
Name

3815 BLUE BIRD DRIVE  
Florida street address (P.O. Box NOT acceptable)

MARIANNA FLORIDA 32446  
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 H. Young  
Registered Agent's Signature

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows: 05 AUG 23 AM 9:45

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

THOMAS H. YOUNG  
3815 BLUE BIRD DRIVE  
MARIANNA, FL 32346

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

THOMAS H. YOUNG  
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 H. YOUNG  
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)