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(Re	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer.	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
•		
SUBJECT: T H PROPERTIES, LLC (Name of Lin	nited Liability Company)	
,		
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma-	tter to the following:	
THOMAS G. HAMMOND		
(Name of Person)		
T H PROPERTIES, LLC		
(Firm/Company)		
3802 NORTH "S" STREET		
(Address)		
PENSACOLA, FL 32505		
(City/State and Zip Code)		
For further information concerning this matter, pleas	ee call:	
THOMAS G. HAMMOND	at ( 850 ) 554-9389	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is: THPROPERTIES, 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:
3802 NORTH "S" STREET	3802 NORTH "S" STREET
PENSACOLA, FL 32505	PENSACOLA, FL 32505

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

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

THOMAS G. HAMM	OND
N	lame
3802 NORTH "S" ST	TREET
Florida street address	s (P.O. Box NOT acceptable)
PENSACOLA	<sub>FL</sub> 32505
City, St	ate, 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..

Registered Agent's Signature

(CONTINUED)

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:	
MGRM	THOMAS G. HAMMOND	
	3802 NORTH "S" STREET	
	PENSACOLA, FL 32505	
<del></del>		
- 10 - Name of Basic Basic Basic		
<del></del>		
(Use attachment if necessary)		
NOTE: An additional article must be a	added if an effective date is requested.	
REQUIRED SIGNATURE:		
Signature of a member or an authorized representative of a member.  (In accordance with section 608, 108(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
THOMAS G. HAMMOND		
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)