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(Requestor's Name)				
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SECRETARY OF STATE
ALL AHASSEF FLORION

A. LUNT
JAN 1 0 2008
EXAMINER

COVER LETTER

	ration Section n of Corporations		•
SUBJECT: T	& H Products		
	(Name of Lim	ited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Ar	ticles of Organization and fee(s) ar	e submitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
Gera	ld H Hopson Jr		
		(Name of Person)	
T & 1	H Products		
		(Firm/Company)	7000 FE
P.O.	Box 520819		PAR JA
		(Address)	JAR A.SS
Long	wood, Florida 327	52-0819	E P
w	(C	City/State and Zip Code)	2: ST- 2:
For further infor	mation concerning this matter, plea	se call:	OS RIDA
Jerry Ho		_ _{at} 407463-386	34
	(Name of Person)	(Area Code & Daytime Telep	hone Number)
Enclosed is a c	heck for the following amount:		
\$125.00 Filing	g Fee	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

T & H Products, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
552 Tiberon Cove Rd Longwood, Florida 32750-2951	P.O. Box 520819 Longwood, Florida 32752-0819
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration. Gerald H Hopson Name Nam	egistered agent are:
552 Tiberon Cove	Rd Rd
Florida street addr	ress (P.O. Box NOT acceptable)
Longwood	_{FL} 32750-2951
City, State, and	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as in. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGR** Gerald H Hopson Jr 552 Tiberon Cove Rd. Longwood, Florida 32750-2951 **MGRM** Travis Jerry Totman 32218 Holopaw Trail Sorrento, Florida 32776 U (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

Gerald H Hopson Jr

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee