L08000069867

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(11), 1111111111111111111111111111111111
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FILE D 08 JUL 21 AM 9: 45 SECRETARY OF STATE

COVER LETTER

Division of Co				
SUBJECT: T.H. S	Services			
	(Name of Limite	ed Liability Comp	any)	
The enclosed Articles of	of Organization and fee(s) are s	submitted for filin	ıg.	
Please return all corresp	pondence concerning this matte	er to the following	g:	
Timothy B	Horner			
		(Name of Person)		
4 11, 1 11 1, 1, 1 1 1 1 1 1 1 	((Firm/Company)		
334 Placid	d Lake Dr			
		(Address)		
Sanford, I	FL 32773			
	(City	/State and Zip Cod	e)	
For further information	concerning this matter, please	call:		
Timothy B Hor	ner	at (_407	, 310-767	' 6
(Name	e of Person)	(Area Cod	le & Daytime Tel	ephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop	рру	\$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	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporation Building ecutive Center (s Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2008

TIMOTHY B HORNER 334 PLACID LAKE DRIVE SANFORD, FL 32773

SUBJECT: T.H SERVICES LLC Ref. Number: W08000032365

We have received your document for T.H SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 808A00040279

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAR BENICES LA	60 7.H	. Mechanical Serv	ICPS LLC
(Must o	end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr	ess:		
The mailing address a	and street address	of the principal office of the Limited Lia	bility Company is:
Principal Office Add	iress:	Mailing Address:	
334 Placid Lake Dr		334 Placid Lake Dr	
Sanford, FL 32773		Sanford, FL 32773	
			
	any cannot serve as its	gistered Office, & Registered Agent's Sown Registered Agent. You must designate an individual	
The name and the Flo	rida street address	of the registered agent are:	SE SE
<u>T</u>	imothy B Hor	ner	68 JUL 21 SECRETAS
		Name	HAN L
3	34 Placid Lak	e Dr	SE
	Florida	street address (P.O. Box NOT acceptable)	
S	anford	_{FL} 32773	9: 45
_	Cit	y, State, and Zip	₽E 5
			bove stated limited

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

MGR Timothy B Horner 334 Placid Lake Dr Sanford, FL 32773 Danielle Horner 334 Placid Lake Dr Sanford, FL 32773 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: Authority B Horner 334 Placid Lake Dr Sanford, FL 32773 (OPTIONAL) an effective date is listed, the date must be specific and cannot be more than five business days por 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. In accordance with section 608.408(3), Florida Statutes, the execution		ember
MGRM Danielle Horner 334 Placid Lake Dr Sanford, FL 32773 (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days pr 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. In accordance with-section 608.408(3), Florida Statutes, the execution		Timothy B Horner
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(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing: Many Many Many Many Many Many Many Many		334 Placid Lake Dr
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of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ive date is listed, the s after the date of file	late must be specific and cannot be more than five business days progen
Timothy B Horner	ive date is listed, the s after the date of file OUIRED SIGNATU Signature of this d	RE: A property A property

Filing Fees:

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

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