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(Re	equestor's Name)	
(Ad	dress)	<u>. </u>
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(Cit	y/State/Zip/Phon	e #)
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Certified Copies	_ Certificates	s of Status
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ALLAHASSEE, FLORIDA

B. KOHR

OCT 17 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: THOM	IAS SIMS LLC			
	(Name of Limited	d Liability Con	ipany)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for fil	ing.	OBOCT 17 KI
Please return all corresp	ondence concerning this matte	r to the followi	ng:	
RON BEN	FIELD			
	(1	Name of Person)		6
	(Firm/Company)		7
58 SIOUX	CIRCLE			`
		(Address)		
HAVANA,	FL 32333			
	(City)	State and Zip Co	ode)	
For further information	concerning this matter, please	call:		
RON BENFIEL (Name	O of Person)	at (850 (Area C	539-517	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	✓\$130.00 Filing Fee & [Certificate of Status	\$155.00 Fil Certified C		\$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	Registr Divisio Clifton	Courier Address ration Section of Corporation Building	s

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
THOMAS SIMS LLC (Must end with the words "Limited Liability or the control of th	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1910 W NELSON CIR	176 NEW LIGHT CHURCH RD
TALLAHASSEE, FL 32303	CRAWFORDVILLE, FL 32327
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the re RON BENFIELD Name	
58 SIOUX CIRCLE	
Florida street add	ress (P.O. Box NOT acceptable)
HAVANA,	FL 32333
City, State, a	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	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. 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
Ra Bl	cl
Registered Agent's Signatu	ire (REQUIRED)

(CONTINUED)
Page t of 2

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

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

"MGR" = Manager "MGRM" = Managing Memb	er
MGRM	THOMAS SIMS
	176 NEW LIGHT CHURCH RD
	CRAWFORDVILLE, FL 32327
MGRM	RON BENFIELD
	58 SIOUX CIRCLE
	HAVANA, FL 32333
(Use attachment if necessary)	
	than the date of filing: (OPTIONAl must be specific and cannot be more than five business day
REQUIRED SIGNATURE:	

Signature of a member of 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.)

RON BENFIELD

Typed or printed name of signee

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)