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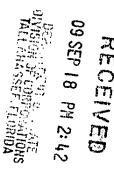
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☐ PICK-UP WAIT ☐ MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
Considerations to Filing Officers
Special Instructions to Filing Officer:

Office Use Only



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SEGRETARY OF STATE
ALLAHASSEF FINALE

J. BRYAN

SEP 18 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	CT: TLH Tonight Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	_
Please	return all correspondence concerning this matter to the following:	
	Steven Pargett	ā [
	TLH Tonight	PH 2: 45
	Firm/Company Ort:	יט
	368 Chastain Lane Address	
	Tallahassee F2 32305 City/State and Zip Code	
	Pargett @ gmails com E-mail address: (to be used for future annual report notification)	_
For fu	her information concerning this matter, please call:	
	Steven Pargett at (451) 310-9310 Name of Person Area Code & Daytime Telephone Number	
Enclo	ed is a check for the following amount:	
□\$125	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \$\bigcup \\$155.00 Filing Fee & \$\bigcup \\$160.00 Filing Fee, \$\bigcup \\$Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

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..

Tallahassee FL 32305
City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	r ,
MGRM	Stoken Paraett
1.011.1	368 Chartain Lane
	Tallahassee, FL 32305
MGRM	+ 11 - 12
1.10 Kh1	my Factora
	5710 Pomona Ct Tallahassee, FL 32317
•	
·	·
(Use attachment if necessary)	
•	an the date of filing: Sedember 18 (OPTION
LE V: Effective date, if other the fective date is listed, the date in	an the date of filing: (OPTION nust be specific and cannot be more than five business d
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LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance)	member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution
fective date is listed, the date n days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance of this docume	member or an authorized representative of a member.

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)