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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,
(December 1)
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOOD J. HORTON Ltd. Lizbility Co. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Toph J. HOKTOW Name of Person	
TODD J. HORTON Ltd. Lizbility Co.	
3303 Rue de La fitte	
Tallahassee FL 32312 ASS 75 City/State and Zip Code 8	
ih 8 milk 74 @ Yahoo E-mail address: (To be used for future annual report notification)	340 0 34000 4
For further information concerning this matter, please call:	i L
Name of Person. at (450) 466-7614 37 37 Area Code & Daytime Telephone Number	, ,
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Topp J. Horrow Life (Must end with the words "Limited Li	di Liabi tita Co. jability Company, "L.L.C.," or "L.C.")	· 		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
Tallahassa FL.				
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's egistered Agent. You must designate an individ	Signature:		

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 (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Todd Horton 3303 Ruede Laft Tallah cases FL 32312
MGRM	Brian Clark 3036 Elmwood Rd Tellahasse FL 32317
MGRM	Destin Clark 3036 Elmwood Rd Tallahasse FL 37317
	SECRETALIZATION SECRETALIZATIO
(Use attachment if necessary)	TARY IASSE
CLE V: Effective date, if other than the effective date is listed, the date mus o or 90 days after the date of filing.)	e date of filing: (OPTIONAL) at be specific and cannot be more than five business da

REQUIRED SIGNATURE:

Signature of a member or 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)