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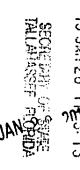
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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: THS Holding LLC  Name of Limited Elability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James H. Strickland Name of Person
THS, LLC Firm/Company
805 E. Magnolia Dr.
Tallahussee Fl 32301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$ \$125.00 Filing Fee  Signature of Status

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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(	,,,,		
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
805 E. Magnolia Dr. Tallahassee, Fl 32301	805 E. Magnolia Tellahussee, FI		<u>'</u>
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must designate an i	ndividual	or
The name and the Florida street address of the registered ag  J. H. Shri	ent are: Kland		
Name  805 E. Ma  Florida street address (P.O. Box N	gnolia Dr.		
Tellehassee	<b>—</b>		
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.  Chapter  Registered Agent's Signature.	ne appointment as registered agent and a all statutes relating to the proper and con ations of my position as registered agent 605, F.S.	gree to ac uplete per	t in this formance
(CONTINUEI	))	<b>2</b> 88	5,

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member	Name and Address.	
"MGR" = Manager  MGR	Lillian Ponder Po. Box 669131 Marietta, 6A 30066	- -
AMBR	Deborah D. Davis 16105 - Canton Ct. Tumpa, Fl 33647	<del>-</del> - -
MCR	James H. Strickland 805 E. Magnolia Dr. Tallahuser, Fl 32301	- - -
AMBR	Myron Williams	-
AM BR (Use attachment if necessary)	Tallahassee, F1 32317  Cedric Jones 1725 Capital Circle NE, Si Tallahassee, F1 32308	ite 20
	76116 hussites F1 32308	
(If an effective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or	
If an effective date is listed, the date must be he date of filing.)	ate of fining (Or HONAL)	
If an effective date is listed, the date must be he date of filing.)	ate of fining (Or HONAL)	
If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or	
If an effective date is listed, the date must be he date of filing.)  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or  Saves Strickland	
(If an effective date is listed, the date must be the date of filing.)  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u	specific and cannot be more than five business days prior to or  Swickland  member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true.	90 days after
REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in	specific and cannot be more than five business days prior to or member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided or in a \$17.155, F.S.)	90 days after
(If an effective date is listed, the date must be the date of filing.)  ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State elony as provided for in a \$17.155, F.S.)	90 days after
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ARTICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fe	specific and cannot be more than five business days prior to or  Typed or printed name of signee  Filing Fees:  Organization and Designation of Registered Agent	90 days after