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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAR 2 7 2015 **T. HAMPTO**N

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	TLH De	nited Liability Company	.LC
The enclosed Articles	s of Organization and fee(s) as	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
	EDWAR	Name of Person	III
		Name of Person	
	TLH NE	EVE LOPMENT,	LLC
	_	Firm/Company	
	1434 SPR	Address	
•	· •	Address	
	TALLAHA	SSEE , FL.	32 30 2
	C	SSEF FL.	
<u>ek</u>	Dasse Moor	ebass. com d for future annual report notifica	-siam)
			mon)
For further information	on concerning this matter, plea	ase call:	
EDDIE A	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check fe	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	Street/Courier Add	ress

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

ARTICLE I - Name: The name of the Limited Liability Company is:		
Must end with the words "Limited L	AT, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company i	is:
Principal Office Address:	Mailing Address:	
1434 SPRUCE AVE TALLAHASSEE, FL 32303	1434 SPRUCE TALLAHASSEF	AVE FL 32307
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate	an individual or
The name and the Florida street address of the registered ag	gent are:	
Emaes N	. Bass III	
Name		
1434 SPRUC	E AVENUE	
Florida street address (P.O. Box N		
TALLAHASSEE	FI. 32303	
TAUAHASSEE City	Zip	
Having been named as registered agent and to accept servithe place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the folig chapter Registered Agent's Signatur (CONTINUE)	the appointment as registered agent and all statutes relating to the proper and alterns of my position as registered age 605, F.S.	d agree to act in this complete performance
Page 1 of 2		As -
_		<u> </u>
		HAR HAR CRETA

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	FRUADA A BASS TIT
	1434 CPOLLE AVE
	EDWARD AL BASS III 1434 SPRIKE AVE TALLAHASSEE, FL 32
	
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(Use attachment if necessary)	
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