

L16000066264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200283920802

04/01/16--01023--010 **125.00

FILED
16 APR - 1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 4/6

March 28, 2016

Florida Department of State
Division of Corporations
New Filing Section
P.O. Box 6327
Tallahassee, FL 32314

RE: New Filing for Florida LLC

To whom it may concern, I am providing my name, address and telephone number as requested as well as the required check for \$125.

Thank You,

A handwritten signature in black ink, appearing to read "Tim Cavender".

Tim Cavender

3530 Lazy Pine Way #A1
Greenacres, FL 33463
561-386-2524

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THC Holdings LLC
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:

Tim Cavender
Name of Person

Firm/Company

3530 Lazy Pine Way # A1
Address

Greenacres, FL 33463
City/State and Zip Code

timcavender@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Cavender at (561) 386 - 2524
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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:

THC Holdings LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3530 Lazy Pine Way #A1
Greenacres, FL 33463

3530 Lazy Pine Way #A1
Greenacres, FL 33463

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tim Cavender

Name

3530 Lazy Pine Way #A1

Florida street address (P.O. Box NOT acceptable)

Greenacres, FL 33463

City

State

Zip

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 605, F.S..

Tim Cavender

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
16 APR - 1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

President

Tim Cavender
3530 Lazy Pine Way # A1
Greenacres, FL 33463

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Tim Cavender

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Tim Cavender

Typed or printed name of signer

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)

DEPARTMENT OF STATE
ALABAMA
FLORIDA

16 APR - 1 AM 11:21

FILED