

L16000186645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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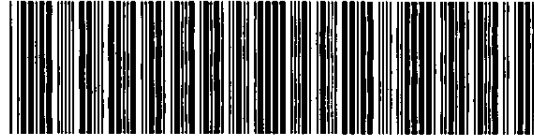
(Business Entity Name)

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16 SEP 29 PM 5:38  
SECRET  
SEC. OF STATE  
711  
TALLAHASSEE, FLORIDA

*mjm*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2016

THOMAS A BUCHANNON  
836 DON BISHOP RD  
SANTA ROSA BEACH, FL 32459

SUBJECT: THOMAS - 154 LLC  
Ref. Number: W16000064331

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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We have received your document for THOMAS - 154 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address. - *Done*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 216A00019946

216A00019946  
16 SEP 29 PM 1:59  
REGULATORY SPECIALIST  
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Thomas - 154  
Name of Limited Liability Company

16 SEP 29 PM 5:38

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas A. Buchannon  
Name of Person

Firm/Company  
836 Dow Bishop Rd.  
Address

Santa Rosa Bch, FL 32459  
City/State and Zip Code

thomas-154@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas A. Buchannon 334 306-0407  
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:

Thomas - 154 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:

Thomas A. Buchannon  
836 Don Bishop Rd.  
Santa Rosa Beach, FL 32459

Mailing Address:

836 Don Bishop Rd.  
Santa Rosa Bch, FL  
32459

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:

Thomas A. Buchannon  
Name  
836 Don Bishop Rd.  
Florida street address (P.O. Box **NOT** acceptable)  
Santa Rosa Bch, FL 32459  
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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA  
STATE  
RECORDS

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

THOMAS A. Buchannon  
836 Dow Bishop Rd.  
SANTA ROSA Bch, FL 32459

16 SEP 19 PM 5:38

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Oct 1 2016 (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:**

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.

Thomas A. Buchannon

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)