

L11000233584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

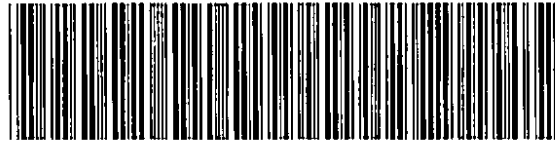
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 13 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

NOV 14 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THC BOCA 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:

Holly Trivisonno
Name of Person
THC BOCA LLC
Firm/Company
10410 South Ocean Drive #403
Address
Jensen Beach FL 34957
City/State and Zip Code
thcbocaraton@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Holly Trivisonno at 407 451 0084
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

17 NOV 13 PM 4:17

October 31, 2017

HOLLY TRIVISONNO
10410 SOUTH OCEAN DRIVE #403
JENSEN BEACH, FL 34957

SUBJECT: THC BOCA LLC
Ref. Number: W17000086946

We have received your document for THC BOCA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 817A00021951

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THC BOCA LLC

(Must contain 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:

10410 South Ocean Drive
#403 Jensen Beach FL
34957

Mailing Address:

10410 South Ocean Dr #403
Jensen Beach FL 34957

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:

Holly Trivisonno

Name

10410 South Ocean Drive #403

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

Jensen Beach FL 34957

City

State

Zip

17 NOV 13 PM 1:20
SECRETARY OF STATE
ALLAHABAD, FLORIDA

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..

Holly Trivisonno

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

~~AMBR~~ MGRM

Holly Trivisonno

~~AMBR~~ MGRM

Josh Shackelford

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/27/2017 (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:

Holly Trivisonno

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.

Holly Trivisonno

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)

NOV 13 PM 1:28
DEPT OF STATE
TALLAHASSEE, FLORIDA