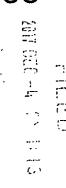
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Office Use Only



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D O'KEEFE DEC 0 4 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: The Construction 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:
Todd Horton
Name of Person
Toho Construction LLC
Firm/Company
2115 Hagan Dr
Address
Tallahassee FL, 32303
City/State and Zip Code ih8milk74@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please cali.
Todd Horton 850 766-7614
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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section

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

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 Liab	nility Compony is:			
The name of the Limited Liad	onity Company is.			
	Toho Constru	Lieux Ho		
(Must c	contain the words "Limited			
A DEPOSIT OF THE ASSESSMENT				
ARTICLE II - Address: The mailing address and street	et address of the principal o	ffice of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Addr	ess:
2115 Hagan Dr	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Tallahassee FL 32303			· · · · · · · · · · · · · · · · · · ·	·
34303				
ARTICLE III - Registered				
(The Limited Liability Comp			ou must designate an inc	dividual or
another business entity with	an active Florida registratio	on.)		
The name and the Florida str	eet address of the registered	d agent are:		
	Todd Harton	_		
	Todd Horton	Name		
	2115 Hagan Dr			
	Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)	
	Tallahassee FL 3230	3		
	City	State	Zip	
Having been named as register	and amount and to account name	ian of amorana for the	ahous stated limited ligh	ility company at the
place designated in this certific				
further agree to comply with th	e provisions of all statutes re	esting to the proper	and complete performant	ce of my duties, and I
am familiar with and accept the	e obligations of my position	las registered agent a	s provided for in Chapter	- 605, F.S
	/11/10/	/ /		
	Ida 17	FIFT		
	Regist	ered Agent's Signati	ure (REQUIRED)	

(CONTINUED)

M 55 - 4 - 3 5 F

ARTICLE IV-

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

"AMBR" = Authorized Member "MGR" = Manager MGR	
MGR	T .44 U
<u></u>	Todd Horton 2115 Hagan Dr
	Tallahassee FL 32303
	Tananassee FL 32303
	<del></del>
(Use attachment if necessary)	
ate of filing.)  If the date inserted in this block does not me	eet the applicable statutory filing requirements, this date will not be li-
: If the date inserted in this block does not me ocument's effective date on the Department of	eet the applicable statutory filing requirements, this date will not be list f State's records.
If the date inserted in this block does not me ocument's effective date on the Department of	f State's records.
2: If the date inserted in this block does not me locument's effective date on the Department of ICLE VI: Other provisions, if any.	f State's records.
If the date inserted in this block does not me locument's effective date on the Department of ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	f State's records.
: If the date inserted in this block does not me ocument's effective date on the Department of ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a medical content of the provisions of the Department of the De	f State's records.
If the date inserted in this block does not me ocument's effective date on the Department of ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a med This document is execute I am aware that any false in the content is executed.	f State's records.
REQUIRED SIGNATURE:  Signature of a med This document is execute I am aware that any false i constitutes a third degree	ntier or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State
El f the date inserted in this block does not me ocument's effective date on the Department of ICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a med This document is execute I am aware that any false in the content is executed.	ntier or an authorized representative of a member. and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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