L19000044270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

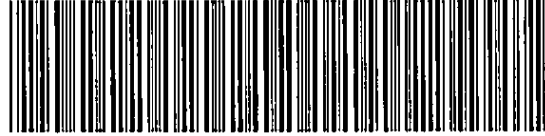(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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02/21/19--01005--009   **130.00

19 FEB 21 AM 9:36

FILED
2019 FEB 21 AM 10: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ~~$~~ ~~🌐~~ _TB 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:

Timothy Blackwell
_____
Name of Person

20610 NE Hentz Ave
_____
Address

Blountstown   FL   32424
_____
City/State and Zip Code

tim blackwell36@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Blackwell at (_850_) _247-0840_
_____
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

[✓] $125.00 Filing Fee   [✓] $130.00 Filing Fee &   [ ] $155.00 Filing Fee &   [ ] $160.00 Filing Fee,
                              Certificate of Status   Certified Copy   Certificate of Status &
                                                           (additional copy is enclosed)   Certified Copy
                                                                                       (additional copy is enclosed)

Mailing Address   **Street Address**
New Filing Section   New Filing Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, Fl. 32314   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:

TB construction LLC. of FL

(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:

20610 NE Hentz Ave

Blountstown FL 32424

Mailing Address:

20610 NE Hentz Ave

Blountstown FL 32424

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:

Timothy Blackwell
Name

20610 NE Hentz Ave
Florida street address (P.O. Box **NOT** acceptable)

Blountstown   FL   32424
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 Blackwell

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: Name and Address:
"AMBR" = Authorized Member
"MGR" = Manager

MGR   _Timothy Blackwell_
                                          20610 NE Hentz Ave
                                          Blountstown FL 32424

(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 Blackwell

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 Blackwell
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)