# L19000211280

(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:					

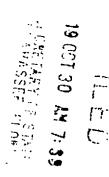
Office Use Only



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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

`H Hamilton LLC			
	·		
			 Art of Inc. File
			 LTD Partnership File
			 Foreign Corp. File
			 L.C. File
			 Fictitious Name File
			 Trade/Service Mark
			 Merger File
		1	 Art, of Amend. File
		ļ	 RA Resignation
			 Dissolution / Withdrawal
			 Annual Report / Reinstatement
			 Cert. Copy
			 Photo Copy
			 Certificate of Good Standing
		ļ	 Certificate of Status
			 Certificate of Fictitious Name
			 Corp Record Search
			 Officer Search
		ŀ	 Fictitious Search
Signature			 Fictitious Owner Search
J			 Vehicle Search
			 Driving Record
Requested by: SETH	10/30/19		 UCC 1 or 3 File
Name	Date	Time	 UCC 11 Search
			 UCC    Retrieval
Walk-In	Will Pick Up	<del></del>	 Courier

### **COVER LETTER**

TO:	New Filing Section Division of Corporations						
SUBJEC	TH HAMILTON LLC						
OODIE	SUBJECT:Name of Limited Liability Company						
The encl	losed Articles of Organization and fee(s	s) are submitted	for filing.				
Please re	eturn all correspondence concerning thi	s matter to the f	following:				
	MARK MANGEN						
		Name of	Person				
	STRAUGHN AND TURNER PA						
	Firm/Company						
	255 MAGNOLIA AVE SW						
		Addre	ess				
	WINTER HAVEN, FL 33880						
	MMAGEN@STRAUGHNTURNEI	City/State and R.COM	d Zip Code				
	E-mail address: (to be a	ised for future a	nnual report notification)				
For furthe	r information concerning this matter, pl	lease call:					
	MARK MANGEN	863	293-1184				
	Name of Person		Daytime Telephone Number				
Enclosed	d is a check for the following amount:						
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	: —Certifie	% S160.00 Filing Fee, ed Copy al 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 Lia	bility Company is:				
TH HAMILTON	LLC				
(Must o	contain the words "Limited Li	iability Cor	mpany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:					
	et address of the principal off	ice of the L	Limited Liability Company is:		
Principal Office Address:			Mailing Address:		
1800 42ND ST N	ıw		1800 42ND ST NW		
WINTER HAVE	N, FL 33881	<del></del>	WINTER HAVEN, FL 33881		
	<del></del>				
ARTICLE III - Registered	Agent, Registered Office, &	Dogistore	ad Agant's Signature.		
(The Limited Liability Comp	any cannot serve as its own R	legistered A	Agent. You must designate an individual or		
another business entity with	an active Florida registration.	.)	Series I ou must designate an individual of		
	_	,			
The name and the Florida str	eet address of the registered a	igent are:			
	RICHARD E STRAUG	GHN			
	Name				
	255 MACNOTTA AUT	2 0111			
	255 MAGNOLIA AVI		NOT		
	Florida street address (	r.O. Box	NOT acceptable)		
	WINTER HAVEN	FL	33880		
	City	State	Zip		
davin <b>o</b> heen named as register	ed agent and to accent semiler		Analysis In the State of the St		
lace designated in this certific	ate. I hereby accept the appoin	: 0j process niment as r	s for the above stated limited liability company at the registered agent and agree to act in this capacity. I		
irther agree to comply with th	e provisions of all statutes rela	ting to the	proper and complete performance of my duties, and		
m familiar with and accept the	obligations of my position as	registered	agent as provided for in Chapter 605, F.S		
	Register	ed Agent's	Signature (REQUIRED)		
			o-Brando (MEGOINED)		

(CONTINUED)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR **ERICA HAMILTON** 1800 42ND ST NW WINTER HAVEN, FL 33881 MGR ALAN HAMILTON 1800 42ND ST NW WINTER HAVEN, FL 33881 (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:

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.

### RICHARD E. STRAUGHN

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)