## 123000107682

| (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: |
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Office Use Only



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03/03/23--01010--001 \*\*160.00



## COVER LETTER

| SUBJECT: New Thimas Majorary LLC Name of Limited Liability Company   |
|--|
| 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:  |
| Randolph Thomas Jo   |
| Name of Person   |
| New Tromas Majonery LLC Firm Company   |
| Firm/Company   |
| 6 Mc Queen Ln  |
| Address  |
| Grefna Fla 32372   |
| City/State and Zip Code  |
| City/State and Zip Code  randy things 1981 @ ic lond. com  E-mail address: (to be used for future annual report notification)  |
|  |
| For further information concerning this matter, please call:   |
| Royde Thinks 5- at ( 850 ) 755 - 6774  Name of Person Area Code Daytime Telephone Number   |
| Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| □S125.00 Filing Fee □S130.00 Filing Fee & □S155.00 Filing Fee & □S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

TO:

**New Filing Section Division of Corporations** 

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

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

\RTICLE I - Name:

The name of the Limited Liability Company is:

| New Tron  | ges Majon  | ary LLC   |   |                               |
|---|--|---|---|-------------------------------|
| (Must contain   | the words "Limited   | Liability Company   | . "L.L.C.," or "LLC.")  |                               |
| VRTICLE II - Address:<br>The mailing address and street addr  | ess of the principal o   | office of the Limited   | d Liability Company is:   |                               |
| <u>Principal C</u>  | Office Address:  |   | Mailing Address:  |                               |
| 25 Betty  | Boc Ln   |   | 6 Mc Over La  |                               |
| 75 Betty<br>Coratna Ele<br>31332  |  |   | Grafia Fl.  |                               |
| ARTICLE III - Registered Agent. The Limited Liability Company car another business entity with an acti . he name and the Florida street add                 | nnot serve as its own<br>ve Florida registration<br>lress of the registered<br>kavanna | Registered Agent. on.) d agent are:  \( \lambda \                   | You must designate an individue  S \$ +   | al oi                         |
|   | Quincy<br>City   | F Is  | 3235 )<br>Zip   |                               |
| is ving been named as registered age. The edestgnated in this certificate, I have agree to comply with the proving tamiliar with and accept the obligation. | ereby accept the app<br>sions of all statutes re<br>ations of my position              | ointment as registe,<br>elating to the prope<br>as registered agent | red agent and agree to act in this<br>or and complete performance of n<br>as provided for in Chapter 605, | capacity. I<br>ny duties, and |
|   | Satina<br>Regist   | Clar ck<br>lered Agent's Signa                                      | ture (REQUIRED)   |                               |

(CONTINUED)

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|----|-----|-----|-----|-----|
|    |     |     | 4   | V - |

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

| Title: "AMBR" = Authorized Member  | Same and Address:  |                            |
|--|--|----------------------------|
| "MGR" = Manager  | <u>.</u>   |                            |
|  | 0/11-  |                            |
| MGR  | Rondolph Thomas Jr.  |                            |
|  | Green En 73332   |                            |
|  | GILLIA FIR 1537  |                            |
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| (Use attachment if necessary)  |  |                            |
| cument's effective date on the Department                                    | or state s records.  |                            |
| CLE VI: Other provisions, if any.  |  |                            |
|  |  |                            |
|  |  |                            |
| REOUIRED SIGNATURE:  |  |                            |
| NVIII  |  |                            |
|  | //   |                            |
| Signature of a me  | ember or an authorized representative of a member.             | _ <del>_</del>             |
| This document is execu-  | ted in accordance with section 605.0203 (1) (b). Florida Statu |                            |
| I am aware that any false  | information submitted in a document to the Department of S     | tate                       |
|  | e felony as provided for in s.817.155, F.S.                    |                            |
| Kandolal   | Thomas To  | 20;                        |
|  | Thomas or Typed or printed name of signee                      | $\Xi$                      |
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|  | .1   | Ē                          |
|  |  | E<br>V                     |
| \$125.00 Filing Fee for Articles of Or                                       | Filing Fees; ganization and Designation of Registered Agent    |                            |
| \$125.00 Filing Fee for Articles of Or<br>\$ 30.00 Certified Copy (Optional) | Filing Fgcs:   |                            |
|  | Filing Fees: ganization and Designation of Registered Agent    | III KANDAN                 |
| \$ 30.00 Certified Copy (Optional)   | Filing Fees: ganization and Designation of Registered Agent    |                            |
| \$ 30.00 Certified Copy (Optional)   | Filing Fees: ganization and Designation of Registered Agent    | The Section of the Control |